

PROCEEDINGS OF THE
NATIONAL CONFERENCE
OF SOCIAL WORK

SELECTED PAPERS
SEVENTY-THIRD ANNUAL MEETING
BUFFALO, NEW YORK

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PROCEEDINGS OF THE
NATIONAL CONFERENCE
ON SOCIAL WORK

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FOREWORD

THE EXECUTIVE COMMITTEE of the National Conference of Social Work presents to the membership this volume containing the proceedings of the Seventy-third Annual Meeting, held in Buffalo, New York, in May, 1946.

The Editorial Committee charged with the responsibility for the selection of manuscripts to be included in the *Proceedings* was composed of Paul T. Beisser, Chairman (St. Louis), Gertrude Springer (Boston), and Florence Sytz (New Orleans), and included as ex officio members Kenneth L. M. Pray (Philadelphia), President of the Conference, Russell H. Kurtz (New York City), Editor of the *Social Work Yearbook*, and Howard R. Knight (Columbus, Ohio), General Secretary of the Conference and Editor of the *Proceedings*. Mr. Beisser was unable to meet with the Committee, and Maude Barrett (Washington, D.C.) substituted for him.

Approximately 180 manuscripts of papers read at the general sessions and section meetings, and at special meetings arranged by the Program Committee, were reviewed by the Editorial Committee. The papers were almost uniformly of high quality, and an extremely high proportion met the established criteria of timeliness, historical importance, and current usefulness. Continuing restrictions on paper imposed during wartime again limited the number of manuscripts which could be included in the *Proceedings*, although the present volume is somewhat larger than the one which was issued last year. The Committee was faced with unusual difficulty in selecting the papers which could be included in this volume. It regrets the forced exclusion of a number of excellent, timely papers.

The National Conference of Social Work is an open forum for the free discussion of problems related to social welfare. The selection of a paper for publication in the *Proceedings* does not imply endorsement, by either the Editorial Committee or the Conference, of the views expressed; the exclusion of a paper does not imply disagreement with the writer's opinions or lack of endorsement.

The Editorial Committee wishes to acknowledge its indebtedness

to the authors who submitted manuscripts, to the section chairmen who aided in the evaluation of the papers, to Mrs. W. Burton Swart, of Columbia University Press, who again has given such able editorial assistance in preparing the volume for publication, and to Howard R. Knight, General Secretary of the Conference, whose invaluable assistance is deeply appreciated by the Committee.

MAUDE BARRETT

Acting Chairman, Editorial Committee

Washington, D.C.

September 30, 1946

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SOCIAL WORK IN A REVOLUTIONARY AGE

By Kenneth L. M. Pyle

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SOCIAL WORK IN A REVOLUTIONARY AGE

By Kenneth L. M. Pray

THIS IS ONE of those extraordinary moments, extremely rare in all history, when living men are privileged, not only to witness, but by their own decisions to achieve, the ending of one great epoch in human affairs and the beginning of another. The twelve months just passed will be eternally memorable, not merely because of a succession of spectacular events, each in itself profoundly affecting the life and destiny of all humankind, but also, and chiefly, I believe, because of the singularly clear thread of spirit and motive that weaves all these great episodes together, like the unfolding theme that unites the successive scenes of one great drama.

Overwhelming victory at arms in Europe and then in the Pacific, abruptly ending the greatest of all wars, was a stupendous historic event in itself, but the deepest significance of those solemn triumphal ceremonies amid the ruins of German cities and in the harbor of Tokyo was in the fact that they marked the first realization on a global scale of the irresistible strength of the concerted wills of free peoples, determined to defend and to advance the blessings of freedom. In those same fateful moments two ancient empires went down in ruins, and two new world powers emerged, dwarfing in their potential might any nations that ever asserted leadership among men. That sudden shifting of political and military primacy among nations was also almost unique in human annals. But its full meaning is to be found only in the fact that while both the vanquished systems of national power were reared on the frankly avowed principle of unlimited, irresponsible despotism, both the new world leaders have dedicated their enormous strength, by solemn pronouncements and engagements, to the liberation and enrichment of the life of the common man.

In the same cataclysmic events, a dozen lesser states were rescued from the grip of lawless aggressors and persecutors and restored to the dignity of national independence. Never before, within so short a span of time, had there been so complete a reversal and renewal of political forces over so vast a territory. More significant by far,

however, is the fact that all these peoples—even those who in the past had embraced the illusory peace and security of presumably benevolent dictatorships—have now entered upon the fundamental reconstruction of their institutions with formal and positive commitments to the principles of freedom and equality.

While war still raged, fifty nations, representing more than three quarters of all the world's people, took cautious but determined steps toward the creation of a new world society, knit together by mutual respect, governed by law, and sustained by coöperative force. Symbolizing and partially realizing this great purpose, even before the outer structure of a world organization could be erected, an international tribunal of justice—this, too, unprecedented in form and in spirit, and in its authoritative representation of an aroused world conscience—boldly swept aside the hoary traditions of a rampant nationalism and an irresponsible statehood and held to account the individual leaders responsible for deliberate attacks against freedom, justice, peace, and orderly social progress.

These momentous events, which will be forever associated with particular dates and places, were paralleled by other developments, less clearly marked in time by specific episodes, but profoundly significant, nevertheless, in the historic movements of this great year. Submerged peoples in all the dark corners of the world, with revitalized hope and determination, brought steadily forward to the critical point of decision their long struggles to realize in their own lives in peace the basic freedoms with which the victorious allies had nobly identified their cause in war. Then, as the war clouds lifted, one nation after another—victor, victim, and vanquished, alike—entered upon the reorganization of its basic economic and political structures with the avowed object of building national power upon the broad base of equal opportunity and unquestionable social security for all its citizens. By the same token, and in the same cause, employed workers, in America as elsewhere in the free world, with a new strength and clarity of purpose, and with unprecedented success, articulated and sustained their rightful claims to a creative, independent, coöperative role in the control of the economic policy and process upon which depend the fulfillment of their needs and their potentialities as persons and as citizens. Moving forward on this same tide of broadened and deepened social purpose, despite almost insuperable obstacles and discouraging setbacks, the American people in this same great

year strove steadily toward the first positive affirmation in national law and practice of the fundamental principle that the opportunities and responsibilities of men depend rightfully, not upon their color, their racial or national origins, their religious beliefs, but upon their own inherent individual rights and capacities as human beings.

And then, in the midst of these vast movements, as if timed by a supernatural power to herald with dramatic force the dawn of a truly new age, came that breathtaking, awe-inspiring demonstration, in the New Mexico desert, of man's illimitable power to command all the resources of the physical universe in which he lives. But again, that overwhelming climax of this amazing year became even more profoundly impressive when it was followed by the spontaneous, world-wide expression of a consecrated purpose to dedicate this vast new power, not to any divisive and destructive nationalistic interest, but solely and certainly to the advancement of human well-being.

Together, these colossal events add up to nothing less than social revolution, in the broadest and truest meaning of that term. Not merely in the political sphere, where revolutionary change is likely to be first registered and recognized, but in every aspect of our culture, the same fundamental movement is the order of the day. The world is, in truth, repudiating one venerable principle, force, as the dominating element in human relations; it is accepting and cultivating a new and different principle, free coöperation. The era of irresponsible power is ended. An era of responsible, representative, coöperative authority and action has begun. The era of abstract institutionalism has passed. An era has opened in which institutions are to be judged and justified by their capacity to enlist and to promote the inherent dignity and creative power of the individual human personality.

This is, of course, not a wholly new concept, for there is a continuity in the historic process which brooks no denial. This revolution, like every other, is but the consummation of age-long struggle. Nor is the revolutionary process ever complete. Indeed, in its present clarity and unity, in its global, all-embracing scope, this one is only begun. We know, too, that its further progress will certainly be uneven and spasmodic. Human wills, now stirred by the thrilling events of these times, will sometimes weaken and falter. Human intelligence, however sincerely consecrated to this inspiring task, will often prove woefully inadequate in the tests that will be met, day by day, on the

long road ahead. Some of the high hopes of this great hour will be blasted; others will come to fulfillment only slowly, haltingly, partially, if at all, in our generation or the next. And so we are prepared to grant in advance to the cynics and skeptics of our time their little precious moments of apparent vindication in the years to come. But we cannot honestly or safely deny the reality and the potentiality of the present hour. Tremendous forces of change are abroad in our world; they are waxing, not waning, in scope and vigor; they are not only threatening, they are conquering seats of present power. It is literally true that no single decision on social policy or organization can now be made by any authority on this planet without a conscious, searching regard for this new dynamic in world life.

This, then, is the world in which American social work, in this year 1946, is operating. This is the world which it aims to serve. We must rally our forces and fit ourselves more fully for that service. At such a time, in such a world, it is clear that social work cannot be content to make just one more annual appraisal of long-recognized tasks or of customary accomplishments, however worthy and significant these may be. We cannot be satisfied, even, with our honorable and traditional mood of eager comradeship and coöperation in pushing forward further and faster toward long-sought, well-marked goals. Those are admirable purposes and feelings, which we shall continue to cherish and nourish. But in this decisive year they must be enlivened and enriched by a vivid awareness that we are living in a revolutionary age. We must be stirred by a deep sense of urgent, inescapable need to find our rightful place in this new emerging world of today and tomorrow.

It is fitting, therefore, that we should affirm, not only our earnest purpose to discover and to discharge our full responsibility in this new world scene, but also our profound and unyielding faith in the world order that is coming into being. The goals of this revolution are our goals. The kind of world it is creating is the kind of world—the only kind of world—in which social work can feel truly at home. For only in such a world can social work achieve its one ancient, simple, all-inclusive objective of helping human beings to find the opportunity and the incentive to make the most of themselves and so to make the largest possible contribution to the progress and well-being of the whole society. Only in such a world can our profound faith in the inviolable integrity and the inherent creative ca-

capacity of the free human personality be finally tested and validated.

It is with joyous zest, therefore, that we offer ourselves to the service of such a world, and with proud confidence we claim a vital share in the gigantic common task of realizing its new-born and its reborn hopes and aims. We come to this task, not as disinterested, impartial observers only, nor as coolly detached, expert consultants and collaborators, but rather as active, earnest participants in the common struggle, determined to express in our own lives, in our own specific purpose, performance, and achievement, the deepest meanings and motives of this new age. This is the opportunity we have dreamed of and longed for; it is also the crucial test of our vision, our courage, and our competency. We are challenged as never before to discover and articulate the real meanings and values of social work experience, to strengthen them where they fall short of their possibilities, and then to add them confidently and consistently to the world's available resources for meeting the stresses and strains of social revolution and reconstruction. The world will not wait upon us. It will boldly and steadily find its own way through to its own decisions and answers. It will welcome us to its service eagerly and gratefully if we bring genuine, demonstrable values to the common cause.

As we prepare to accept this challenge we face the sobering truth that, whether we are ready or not to meet this test, we certainly ought to be. For social work has been grappling for generations with the precise problems that are paramount in the world's life at this moment. We have faced them in all their vivid reality in the lives of particular individuals and groups and whole communities. For the central, continual problem of social organization and adjustment remains always the same: to find a secure stable basis for creative, satisfying life in the midst of constant growth and change. The tempo of life is quicker in these new days; every part of the vast social structure is involved more totally and constantly in change; everybody is affected more deeply and more continually by it. The faith, courage, and intelligence of all people everywhere are tried and tested more profoundly every hour of every day. But even in these revolutionary times there is nothing utterly new under the sun. It is the same old human nature which creates and sustains our society and which is striving to find its own fulfillment through it. Human beings face the same old obstacles in that quest—fear, uncertainty, conflict, and confusion, in themselves and in the world roundabout them. If social

work has learned anything from its experience in helping people to meet those problems, these times cry out more insistently than ever for just those meanings and values.

At this critical juncture, therefore, we face two clear and pressing obligations, which can be summed up in two simple concepts: workmanship and statesmanship. There is, perhaps, something deceptively calm and commonplace about those two familiar watchwords. There are no heroics about them. In themselves, they convey little sense of the exhilarating fervor that is commonly associated with a revolutionary cause. Yet they do embrace the whole stirring challenge to American social work in this historic hour. The new world does not need—indeed, it is too wise and too deeply in earnest to accept—from us or from any other source, some magic formula, some prophetic revelation, some miracle of achievement which can once and for all open a straight, smooth road to a new Utopia. All that it needs and asks from any of us is our own solid, sincere contribution to the choice and the clarification of acceptable social goals, to the strength and unity of the long, hard, coöperative effort required to attain those goals, and to the concert of technical processes and services that alone can bring those efforts to fruition.

Dynamic, clear-sighted, responsible statesmanship is demanded of us, because if we are to have an effective part in this complicated enterprise, we must join our strength with all other progressive social forces in American life in applying sound social policy and process to the attainment of sound social ends. But our statesmanship can grow only out of our workmanship. We must have a justifiable faith in ourselves, in the demonstrable validity of our own experience, in the quality of our own achievement, if we are to command the respect and the coöperation of others. That faith we have to build and to test in our own day-to-day practice. We must know and believe in the core and essence of social work as a specialized function of society, and we must also know and accept its boundaries and limitations. We must seek and test its values, not only in relation to broad, general, social objectives—for these we share with countless other elements in our society—nor in relation to the vast sum total of systematic effort to attain these objectives—for we represent only a part in that great project. The values we undertake to add, in the name of social work, to the world's stock of social resources must be derived from our own special knowledge of certain definable aspects of social

life, our specific experience in helping people deal with the problems these create, and our command of certain definable processes which have been validated in that experience.

There is special urgency in our need to define and clarify the scope and nature of our professional function. In the first place, we are struggling under the burden of an old stout tradition, to which we ourselves have in the past unfortunately contributed, which identifies our service, not with specific human problems, about which it is possible to develop technical understanding and competency, but rather with the vague totality of problems in the whole lives of certain kinds or classes of people—the “dependent, defective, delinquent,” we used to call them, or, in Jacob Riis’s somewhat more respectful and more sympathetic phrase, “the other half.” There is something insidiously stultifying and sterilizing in that conception of our task which inevitably affects both our workmanship and our statesmanship. An unavoidable stigma attaches to a service which by definition is addressed only to those members of society who are, by implication, different from the rest of us and presumably less able to manage their own lives. This limits not only the scope of our service, but its quality as well, by interposing an impenetrable barrier between us and those we aim to help. The same concept discourages and retards the development of our own technical competency by obscuring the reality and the individuality of social problems, as they appear in the lives of real individual human beings, behind a fog of irrelevant classifications, generalities, and abstractions. Perhaps of even greater importance, in a time when the world is struggling to remake its whole life upon a new pattern of real democracy and unity, is the fact that this concept throws a cloud of justifiable suspicion over our professed concern and professional capacity for effective participation in this great enterprise, by seeming to ascribe to social work, as a matter of its own self-preservation, if you please, a kind of vested interest in the continuance of social disorders, defects, and inequalities. We shall be able to escape from this crippling misconception only when we are able to identify our service, clearly and positively, in our own minds and in the conviction of our constituencies, with specific human problems whose common existence unites, rather than divides, the members of society, and about which it is possible to develop special knowledge and professional skills.

There is a second urgent reason for definition and clarification of

social work function, namely, the enormous range of the human situations for which, taking social work as a composite whole, we are compelled to accept some measure of responsibility. It is literally true that there is hardly a single life problem which does not sometime, somewhere, somehow, come within the responsible concern of some social worker. Problems of health, education, recreation, of economics, politics, religion, and of every other conceivable aspect of social living, singly and in combination, are all grist to our mill. We feel competent and we feel obligated to have some part in dealing with all of them. Yet, with respect to each of them, as a specific total problem in itself, there are other sources of more comprehensive and more precise technical understanding and help than we can possibly develop out of our own limited experience. Until we can define for ourselves and others the area of our own responsible experience in relation to definable parts of these problems—the source and scope of our own partial authority in dealing with them—we shall find ourselves deterred, if not prevented, from having an effective part in dealing with any of them.

We have made gratifying progress in the last quarter-century in laying the foundations of functional clarity in social work, in terms of the specific problems with which it is responsibly concerned. It is a matter of demonstrable contemporary fact, certainly, that social work is not now primarily engaged in the narrow and negative task of helping any small segment of society which is set apart from the rest by extreme social misfortune or inadequacy; that it is not the mere salvage and repair corps of a decadent, disordered society, nor the servant of the social *status quo*. For one thing, this cannot be true of a service that, like ours, is coming into ever expanding integral association with every one of those normal, universal social institutions—the school, the church, the hospital and clinic, industry, the family, the neighborhood, government—which are dedicated to the service of the total membership of the total community, and which are society's instruments for the progressive improvement of its own life. It is significant, too, that even the United States Army, confronted with the task of molding together for one common national purpose 10,000,000 young men and women, representing a cross section of the whole people, has testified in its deeds, as well as in its words, that social work as a specialized technical service was an essential factor in achieving that goal.

I believe, however, that it is significant of our present urgent need for further definition and clarification of social work's function that in every one of these constructive associations we have had to grope our way, often slowly and painfully, to a clear appreciation of our own role and a truly effective working relation with other specialized services. We began, too often, with a reluctant but none the less effectual consent to be nothing more than a feeble extension of the arm of the physician in the hospital, or of the judge in the court, or of the teacher or principal in the school, or of the psychiatrist or psychologist in the mental clinic, and so on through the list. This was true because social work, in its own independent operations, under its own special auspices, had not yet identified clearly the specific kinds of problem to which its specific services could be appropriately addressed. It had not attained a mature understanding and self-confident use of its own characteristic principles and practices and disciplines in their relation to specific problems and processes.

There are certain problems about which a sound and serviceable definition of social work's function can be and must be formulated, if we are to meet the challenge now before us. Those problems are not the problems of only a separate few among us. They are within the common experience of us all, for they are the natural, inevitable, universal outcomes of social living; they are inherent in society itself. They are no respecters of persons, of social rank, of economic status, or even of any particular social order. In dealing with them, social work is performing a positive, creative, permanent, and essential function in modern society; it is becoming an integral whole in itself, distinct from every other form of service available to people. This is, furthermore, a function and a service that has peculiar significance and value in this particular day and age; for it is specifically related to the strains and tensions of inevitable growth and change—the uneven, unpredictable, contradictory change which is constantly in progress within and between all the infinitely numerous and various segments of every social whole, from the inmost circle of the family to the whole world society. This change, in times like these, is vastly accelerated and complicated.

These problems, I venture to declare, upon which social work's specific responsibility is invariably focused, are problems of social relationship, as such. Social work comes into play when familiar, satisfying social relationships are threatened, weakened, or broken,

and when new ones fail to materialize or are shrouded in uncertainty or involved in conflict. It develops when people, individually or collectively, seek help in clarifying their responsibilities and opportunities within their own circle of relationships, in finding new and more meaningful relations for the fulfillment of their own wants or needs, or in renewing and replenishing their strength for meeting the hazards and difficulties and realizing the potentialities of their social situations.

Social work, like other professions, such as medicine, psychiatry, psychology, education, or the ministry, for example, is always concerned with individuals, at least in the sense that individual lives are always at stake in its objectives and operations. But social work, unlike the others, is never primarily concerned with the separate, inner, personal life or development of the individual as such, but always with his relation to the outer social realities in which he is involved. Even in casework—and still more obviously in social group work or community work—the criterion of the effectiveness of its service is not, what kind of person this individual in himself has come to be, but always and only how he is relating himself to the situation in which he finds himself, to the values and responsibilities which these relationships hold for him.

Social work is likewise always concerned with factors in the environment which create or constitute problems for human beings and which hinder or facilitate the fulfillment and enrichment of their lives. It is often concerned, for example, with broad institutional problems, like health, education, religion, economics, politics, and the like. But I submit that social work service is never primarily directed to the solution or management of any one of these problems, in and of itself. The criterion of its service is not the quality of organization and operation of such forces and agencies, but rather, always, the way these influences and services find their mark in people's lives, the impact and relation between them and the human beings involved in them. Social work is identified with the individual, but only in his effort to derive satisfaction and benefit from the social relationships which are or can be open to him. It is identified with the community, but only in its effort to create and sustain social arrangements and relationships that serve human needs and release human strengths. It is always engaged in a process of helping—helping individuals, groups, or communities to realize for themselves the

potential values which are imbedded in their essential relationships.

This definition of the scope and nature of social work as a professional function has important implications for the development both of its technical day-to-day service and of its participation in broader social planning, and it has special significance in the present critical juncture of social life. Most significantly, it focuses emphasis and effort upon social process, as the paramount consideration in social progress and adjustment, rather than upon social forms and structures in their own right, or upon the attainment of specific preconceived ends or products. For relationship is itself always a process, a dynamic, fluid, developing process, never static, never finished, always chiefly significant for its inner quality and movement, for its meaning to those it engages, rather than for its form or status or outcome at any instant of time.

In the guidance of social work's technical operations this reality is decisive as to its nature, its content, and its method, and as to the kinds of knowledge and skill these require. For the heart of the social worker's service is in his own relationship with those whom he endeavors to serve. He accepts disciplined responsibility, not for the outcome of the service relationship, but for the process that goes into it—the process by which the recipient of help is enabled to face freely and steadily the alternatives open to him, to discover and appraise for himself the potential consequences to himself and others of these alternatives, to struggle with his own conflicting interests and feelings in relation to the realities these alternatives involve, to choose for himself a course of action, and finally to mobilize his strength to accept and discharge all the responsibilities this decision entails. Responsibility for the outcome remains always with those who ask and receive service. By the same token, this concept of the task of social work denies our responsibility, or our right, to attempt to make people over, to move them about, to mold their environment, in accordance with our kindly will, or our presumably superior knowledge, or our preconceived standards of social adjustment or progress. It protects us against seeking the insidious satisfactions or the superficial achievements that may flow from the possession of power over others—either the naked force inherent in the discretionary control of the necessities of life, or the more subtle but equally potent force of moral or intellectual authority. For relationship is subject to no external controls. It yields to no external force. Either

it is the free, voluntary expression and creation of the hearts and minds of its participants, or it is nothing.

In the tasks of statesmanship, this same concept is also decisive in determining the scope and nature of our contribution. It invites our active intervention in every decision affecting any vital social policy, for there is none of these which does not directly affect the social relations of human beings, the use people make of those relations, and the benefits they derive from them. But, at the same time, by denying our competence, it also absolves us from the obligation to produce a complete blueprint of organization and policy with respect to any one of the broad social problems that afflict society. It focuses our responsible concern and our valid contribution, first of all, upon the cultivation and guidance of a sound process for making sound policy—a process through which all essential factors in the problem are brought to view, all alternatives are examined objectively as to their potential values and limitations, in relation to known needs and professed purposes, and all interests affected by policy may be afforded opportunity and incentive to make their own full contribution of knowledge and purpose to the ultimate result. It focuses our responsibility, in the second place, upon the discovery and promotion of processes to be incorporated in policy, by which its purpose may certainly and fruitfully find its mark in the lives of those to whom it is addressed.

Two simple current illustrations of the meaning of this concept in action come to mind. As social workers we have a deep and responsible concern for certain problems of health and of health service, because health or the lack of it profoundly affects the social relations of people, their effective participation as members of society. But we do not know, we do not need to know, for the performance of our own function, and we cannot possibly know, all that has to go into an adequate, technically sound, and serviceable health program and policy. We do know—and we are obligated, under this concept, to make persistent and effective use of what we know—about the actual impact and meaning of health or ill health in the lives of individuals. We also know about conditions—some of them deeply imbedded in every human personality, and some of them related to particular social circumstances—which facilitate or hinder the use of health resources. We know the difference between partial and complete coverage, between prompt and belated diagnosis and treatment, between

uncertainty and confident assurance as to one's ability to meet the economic burdens of illness and health service, and we know the effect of all of these upon the individual's capacity and willingness to meet the problems of illness, the problems of treatment, and the social consequences involved in both. Upon all these vital elements of policy, we have valid, uniquely valuable testimony to offer. And we have a corresponding obligation, not only to make these specific contributions from our experience, when occasion presents itself, but also to use our influence to its last limit, to see that the administrative processes involved in the formulation and execution of policy shall allow full consideration and use of these basic human interests and relationships, in addition to the technical standards and methods of the specialized preventive and curative services which are the central element in the health program itself.

As social workers, we are deeply concerned, also, with economic problems, because they are fundamental factors in the social satisfaction and efficiency of human beings and vitally affect all their social relationships. In fact, the instability or breakdown of this particular element in the social setting accounts, probably, for a larger part of the trouble, confusion, and conflict with which social workers deal than all other factors in life combined. What, then, is our specific responsibility in this area of public policy? It is certainly something more than merely to repair the economic damages and deficiencies which our clients bring to us, one by one, group by group, or community by community. But it is certainly something less than to lay out or support a complete set of specifications of a complete and perfect economic system. We know the impact and meaning of economic insecurity, of inadequate or intermittent income, of unemployment and underemployment, in the actual social life and relations of people; we know the vital meaning and value of creative, satisfying labor; we know, too, the transcendent significance of genuine, free, creative participation in the choice and control of their own work life. We know some of the factors of structure and policy, in terms of relationships and process, that must characterize any economic program if it is to be a truly constructive social factor. We are obligated, then, to tell what we know; to measure proposals by these criteria; to put the full weight of our knowledge and experience into the balance, in favor of policies and projects that take full account of these fundamental considerations. And we are also obligated to

put our concerted strength into support of a process, in the formulation and execution of economic policy, which makes full use of the contribution of every group which has a vital interest at stake—a process geared to the creative integration of interests and ideas, not to mere combat or conquest.

It is deeply significant that the essence of this concept of social work's responsibility and its performance is its embodiment of the same profound democratic faith upon which the world is now rebuilding its whole life. That world, moving with dogged determination to its own reconstruction, needs, above everything else, at this moment, to be reminded and to be truly convinced of the supreme importance of social process—democratic process—in its life. It needs to find the persistent courage to accept the risks which faith in democratic process, as distinguished from faith in specific program or objective or structure, necessarily involves. It needs to realize that faith in the democratic social process is, in reality, the real test of faith in people—a faith which frees people to use new social forms and programs in their own way and to their own ends; to find their own satisfying relation to them; to grow slowly and by their own painful struggles and mistakes, if need be, into a genuine, positive identification with, and constructive participation in, their own society.

American social work, in the evolution of its practice around this concept of relationship and process, as the focus of its own responsibility, has actually learned to live and prove that faith. It has validated democracy, not on theoretical or humanitarian grounds alone, but in the demonstrable outcomes of its own responsible service of real people in real situations. Social workers know well the risks, the difficulties it involves, the problems it creates, for individuals and for the society of which they are a part. But social workers know, too, that the democratic principle works; that it is, in all truth, the only dependable basis of stable, progressive, fruitful social organization and adjustment. They know, also—because they have discovered and realized them in actual practice—the prerequisite conditions, in feeling, in understanding, in structure and process, that must animate and pervade democratic relationships if they are to be truly sound and serviceable.

Above all, they know that there can be no compromise in the application of this principle. Either we believe in people—all people—or we do not; either we recognize and respect the inalienable right

and responsibility of individual human beings to manage their own lives, or we do not; either we sincerely appreciate the validity and the value of genuine difference, or we do not. Either we help the individual to find his own way through to his own ends, within the essential structure of a coöperative society, or we control him to our own ends.

If American social work can stand true to its own faith, in its daily practice and in its broader relations with the whole society; if it can purge itself of the last lingering vestiges of benevolent paternalism and pretension of omniscience, in its own technical operations and in the management of its organizations; if it can then find the courage and the wisdom to add its full strength to the concert of democratic forces now struggling toward a free, united, coöperative world of peace and justice and progress—it can reach in our time an achievement of incalculable value to mankind, by bravely and competently helping at least some parts of this sorely troubled world, caught in the turmoil of a social revolution, to discover and to fulfill their own permanent, positive values and their own truly creative purpose.

GREAT BRITAIN'S POSTWAR SOCIAL PROBLEMS

By B. E. Astbury

NO ESTIMATE of the future plans for social reconstruction in Great Britain can be made without a background knowledge of the kind of social order in which six years of total war have left us. It is important to remember that for the greater part of those six years a majority of the civilian population of Great Britain was in the front line of battle.

It was my great privilege to spend the period of air raids, flying bombs, and rockets among the ordinary working families of London. Nothing that I can say could convey an adequate picture of the sacrifice, courage, and resourcefulness of the ordinary Britisher during that ordeal. Out of that experience there emerged a deep sense of co-operation for a common cause, and a new sense of citizenship. Social barriers seemed to disappear, and private interests of every kind were sacrificed in exchange for a corporate responsibility, the like of which the world has never before seen. Against this, one has to place the fact that over a wide area the essentials of a decent standard of family life were destroyed. Not only was there unparalleled destruction of civilian life and property, but much of the structure of community and cultural life was swept away. Churches, schools, community centers and public halls no longer exist in many urban districts. In many areas in London and in our industrial cities it is still only possible for the schools to take children in relays, giving half a day's schooling to each child. Church services are held in skeleton buildings, and unions, settlements, and workers' educational movements are all handicapped by the lack of halls and buildings.

There is one other factor which must be taken into consideration. Side by side with this splendid heroism and sacrificial service there has been a marked deterioration in social standards. The divorce courts are overwhelmed with undefended cases, the increase in crime and delinquency runs to formidable figures, standards of hygiene lowered by the havoc of continuous air raids still remain at that level. The traditional English home and family life was a major casualty in

this world war. Therefore, in any honest attempt to trace the pattern of the future, these and similar facts have to be set alongside the impressive governmental plans for social reconstruction.

Most, if not all, of Great Britain's postwar problems have their roots in two fundamental causes: the housing shortage and family disintegration. The first of these confronts us at every turn and strikes at the very foundations of all forms of constructive social work; whether the immediate difficulty be an economic one, one of character, or marital or family disharmony, the social worker is almost invariably defeated by the problem of housing.

In 1939 Great Britain had a total of 11,500,000 houses. No less than 3,897,062—one house in every three in Great Britain—were either destroyed or damaged by enemy action. The number of London houses destroyed or damaged beyond repair was 404,407, and the number of London houses damaged but repairable was 1,399,241. In other words, these figures show that out of London's 2,150,487 houses, only 346,839 escaped damage. On top of this, it is estimated that a quarter of a million new houses are required to meet the needs of those who were married during the six years when the building of houses was suspended.

To the social worker, a house represents a home, and a family, and it is with the intensely human side of this great problem that we are intimately concerned. Furniture, personal belongings, pots, pans, and clothing vanished with the destruction of the bricks and mortar. The absolute essentials to the setting up of a home today are practically unobtainable. Prices have rocketed sky high. A bed, bedding, table, four chairs, and the minimum of crockery and cooking utensils cost, at controlled prices, over £100, and even then one may have to wait months for some of these essentials. The sight of an enamel saucepan in a shop is the sign for a queue to form at crack of dawn. It is not, therefore, surprising that 50 percent of the clients of the private casework agency seek help in securing furniture and home essentials. Most of our offices have organized furniture clubs and purchase any second-hand furniture they set eyes upon.

The Government's plan for the building of new houses is slow in getting under way. To meet London's urgent problem, building operatives of all types were transferred to the metropolis. Most of these men are still engaged on the repair of damaged houses, and only a few are working on new houses. Prisoners of war are clearing bombed

sites and making them ready for the erection of prefabricated houses.

The concentration of building labor in the London area has its repercussion in the provinces, where an acute shortage of skilled labor holds up building plans. Every possible control is exercised by the Government, both on materials and on private building. No one may spend more than £10 on private repairs to his property, including painting and interior decoration, without a Government permit. No dwelling house may be let for office or commercial purposes, and vacant property is requisitioned if it is unoccupied for more than fourteen days. The most far-reaching control is the Government's decision to entrust the building program to local statutory authorities, thus freezing out private enterprise. Before the war private enterprise was responsible for at least 80 percent of our building program. Largely financed by building societies, it enabled thousands of citizens to become owner-occupiers. These building societies now have assets amounting to millions of sterling, which they are unable to use, except in a very restricted way, to help people to buy houses. Inflation in the price of houses now being sold is encouraged by the fact that the building society is prepared to lend fantastic sums for the purchase of such houses as come into the market.

The second great social problem, that of family disintegration, is not so easily stated. There are so many factors to be considered, and the dangers of generalization are so great that one hesitates to say anything which may tend either to minimize or to exaggerate the causes leading to the break-up of so many families. As I see it, however, four primary factors have each played an important part in the disruption of family life in Great Britain.

The separation of a husband from his wife and family for a period of from four to five years is today regarded as commonplace. For many thousands of our prisoners of war the separation has been up to six years. They have returned to find that the immature girls they married are now mature women who have acquired new interests, both good and bad. They have found that the children they left behind are now in industry, earning high wages, with little sense of responsibility and all the problems of adolescence. They have found their homes destroyed by enemy action and their family living in overcrowded conditions, wherever accommodations could be secured. Many have found that their once attractive wives have become irritable women, worn out by wartime trials, the constant struggle to

rear growing children without the help of the father, the wearisome anxiety of endless shopping queues. And perhaps most heartrending of all, children often exhibit fear of the father they have forgotten. For many, the period of adjustment is happily of short duration, but others fail to achieve adjustment at all, and one more family becomes a broken home.

The second factor, that of the evacuation of children, mothers, and old people, also played its part in family disintegration. The first great evacuation scheme covered school children and expectant and nursing mothers, with their children under the age of five. The difficulty of keeping two homes going; the varying warmth of reception in the safety areas; the problem of two women and their families trying to live under one roof, sharing the pots and pans; fathers living alone and acquiring new feminine interests; young adolescents left behind to look after themselves—all these took their toll of family solidarity. Then came the flying bombs, which entailed a second evacuation scheme of much greater dimensions. All women and children who could be persuaded to leave were sent away. In many districts not a child was to be seen, and thousands of mothers accompanied the children. Then the aged were sent away for the first time, and a great number of them are unable to return, either because their homes were destroyed, or because relations and friends are unwilling to resume responsibility for their care.

The third factor was the absorption and direction of married women into industry. They earned high wages with little in the way of necessities on which to spend them. They found it difficult to run a home and yet go out to work each day. Supervision of children might be delegated to nurseries or to neighbors, but more often children ran wild in the streets, getting into every conceivable form of mischief and delinquency.

The fourth, and possibly the greatest, factor was the large concentration in Britain of troops from all nations. For four years our small island was the operation base. First came the troops from Europe—the Poles, the French, the Dutch, the Belgians—then came the Canadians and the vast armies of the United States. All were squeezed into our little island. Every town, village and parish had its quota of soldiers, and, almost to a man, they spent their pass leaves in London. Where they slept, and how they were fed, has always been an insoluble mystery to me. Several millions of men separated from their

own families, billeted in a strange country, leave behind them social tangles of magnitude. Hasty and improvident marriages, illegitimacy, triangles—lateral, bilateral, unilateral, and eternal—all constitute a nightmare for the social worker, as well as for the families concerned.

The problems created by these four factors are many and varied. A marked deterioration of home life was inevitable: marital disharmony on a scale hitherto unknown; delinquency, neglected children, illegitimacy; the loss of a sense of values consequent upon high wages paid to young people whose only outlet for the spending of them was to make whoopee out of the worst possible ingredients. These things go to the very root of the stability of the nation and affect family life, which must now face the gigantic task of regaining that general regard and respect that it had before the war.

But the problem is a much wider one. The causes of family disruption in the modern world are many and various. Some of them are the consequences of profound and far-reaching changes in our social structure and even in our philosophy of life. For these, immediate remedies are not easily provided. Not until the final pattern of human life in the scientific age emerges clearly will the place of the family in that pattern be capable of precise determination. Yet responsible thought in Great Britain is passing from a reactionary phase to a recognition that the relationships within the family group represent the only foundation for emotionally stable personality and for a secure social order. The ordering of family life in the future may undergo many changes, but the institution of the family is basic and we cannot dispense with it.

One may rightly ask what is being done about this situation. One development is that of education for family life. The private agencies whose work impinges upon the family are together trying, first, to promote schemes to teach young people to understand the significance of the family, so that they may value and respect it, and secondly to provide such guidance as may enable them successfully to manage their personal relationships, both in their parents' homes and, later on, in their own. If such education is to be of value, it must be radical and systematized. It must cover sex education, mate selection and marriage, parenthood, and home economics. Great Britain lags behind the United States in teaching of this kind.

The second development is the establishment of marriage guid-

ance centers. One family welfare association stated seven such centers in conjunction with the Marriage Guidance Council. Each center is in charge of a fully trained family case worker who has undergone an intensive course in marriage counseling. She is assisted by a group of counselors who have had this specialized training. Behind them is a panel of experts, including doctors, clergymen, lawyers, and psychologists, who are brought in when a problem falls within their special fields of knowledge. So far the centers have dealt with referred cases only. These come from hospitals, casework agencies, probation officers, rehabilitation centers, and so on. While it is too early to evaluate the work of the centers, they are certainly performing a task of first importance.

In considering the relative functions of the State and of private agencies in working out a solution, the terms "State or statutory social agencies" must be interpreted as including, not only the services provided by the central Government, but also those of the local government authorities, such as county councils, city councils, and the like.

There has been a great change in the function of the central Government during the past twenty-five years. We have passed forever from the time when the State was not interested in a social service. We have also passed through a stage of close partnership between the State and private agencies, in which the State gave welcome assistance to the voluntary organization doing work of national importance. We are now entering upon a third stage, in which the State is slowly but steadily assuming complete responsibility for the most obvious physical needs of its citizens in sickness, in unemployment, and in old age. It is against this background of increasing acceptance of social responsibility by the State that we have to consider the role of the private agency in the future, and the effect upon the citizen of an ever expanding dependency. Social security has been a blessed word in Great Britain ever since the publication of the Beveridge Report, which was accepted by all political parties. What are the present Government's proposals to implement its undertaking to provide social security? They can be summarized as family allowances, social insurance, and a comprehensive health service.

The scheme of family allowances comes into operation on August 8, 1946. From that date a cash allowance of 5/- weekly will be paid

to a mother in respect of all children under school age, except the first child. This scheme is welcomed by all social workers, for we pressed for the payment to be made to the mother.

The second proposal is contained in the National Insurance bill, now before Parliament.¹ It follows the bold conceptions and broad sweep of the Beveridge Report and gives legislative form to the all-embracing scheme of social insurance which that report outlined. The bill itself is a measure of great length and complexity. The main benefits may be summarized as follows: monetary grants at a subsistence level during sickness and unemployment; retirement pensions; widows' and orphans' pensions and allowances; maternity allowance to be paid prior to and/or after confinement; maternity grant; and a death grant for adults.

These various benefits will come into operation on a series of appointed days. The first will be the new rate for the retirement pension, which the Government has promised to begin to pay in the autumn of 1946. The contribution will be a comprehensive one covering all benefits, and the scheme will cover practically every member of the community. The scheme welds together all our social insurance schemes and places them under the control of a new Ministry of Social Insurance. The benefits are based upon the present rate of subsistence, and they will be reviewed every five years in the light of changes in the cost of living.

One change of major importance, however, is contained in the administrative proposals for the Government, and since it may reflect the Government's attitude toward private agencies, it is well worth noting. When, in 1911, the State embarked on the first scheme of health insurance, it entered a field which until then had been occupied entirely by private agencies. These agencies were known as Friendly Societies and trades unions and had been engaged in voluntary insurance against sickness for more than a century. Lloyd George, who was responsible for the first scheme of national health insurance, agreed that such private agencies should play an important part in the administration of his scheme. They were to be known as approved societies and were to pay the sickness benefit and act as the State's agent for the collection of contributions and the issue of cards. This recognition of private agency work and the creation of a State and private agency partnership have always been re-

¹ May, 1946.

garded as evidence of the State's desire to encourage voluntary social service. Unfortunately, as time went on, legislation opened the door to commercial concerns, such as the life insurance companies, and enabled them to set up separate sections as approved societies. This mixture of State social service and private commerce has always been criticized. The Government therefore decided to abolish the approved society system of administration. Many hoped that it would distinguish between the commercially owned and the private agency society. The Friendly Societies consider that the Government's administrative scheme strikes a death blow at private agency work in voluntary sickness insurance schemes.

The Government's third proposal is that of a National Health Service. The State medical services or, more accurately, the whole field of medicine in Great Britain, is facing a reconstruction. The assets and liabilities were surveyed in a White Paper published by the Coalition Government. With one important exception—the proposals regarding the voluntary hospitals—the bill before Parliament does not depart fundamentally from the proposals then put forward. The bill provides:

1. Hospital and specialist services: all forms of hospital treatment, including mental hospitals, sanatoria, and maternity accommodations, convalescent, rehabilitation, and other institutional treatment. These cover both in-patient and out-patient services.

2. Health centers and general practitioner services: service by a doctor or dentist of the patient's choice either at a health center, at the doctor's surgery, or in the patient's home.

3. Supplementary services: midwifery, child care, health visiting, home nursing, domestic help when needed on health grounds, vaccination and immunization, ambulance service, blood transfusion, and laboratory service.

4. Spectacles, dentures, surgical appliances, drugs, and medicines, as prescribed by the doctor.

All these services, or any part of them, are to be available to every member of the community. The bill imposes no limitation in regard to age, sex, employment, or financial means. The payment by the citizen will be included in his contribution under the national insurance scheme.

The Government proposes to establish the service through three main channels: (1) hospitals and specialist services, to be centrally

controlled; (2) health centers and incidental medical services, to be the responsibility of local authorities; and (3) general practitioner services, to be organized locally.

All private and public hospitals will be transferred to the State. The endowments of the voluntary hospitals are to pass to a central pool, which the Minister of Health will administer in conjunction with regional hospital boards.

The proposals regarding the general practitioner service are still somewhat obscure. A storm is raging between the Minister and the doctors, the latter alleging that if they take part in the scheme they will become civil servants, liable to every kind of State control and direction. The members of the medical profession resent the proposed power of the Minister to prohibit their right to practice in any area, and they object most vocally to the proposed prohibition of the sale of private practices. By May of 1946 the physicians and the Minister had not yet met officially to discuss the proposals in detail, and the Government's plans for the administration of this section of the scheme were therefore necessarily vague and obscure.

The real battle is centered on the Government's proposals to take over the voluntary, or private, hospitals, and their endowments. It would be idle to pretend that the Government proposals do not strike at the roots of the voluntary system. The question of State ownership of the hospitals is bound up with how they are to be managed; what degree of autonomy will be permitted to the individual hospital; what relations will exist between the State, the hospital, and the doctors; and, most important of all, what scope will be left for private or voluntary effort.

The danger of any national service for personal health is that of overorganization. The Government has yet to show that it is alive to that danger. We are not without experience with a modified State health service, and social workers in Great Britain have always been highly critical of the present scheme. Its greatest drawback is the general practitioner's lack of knowledge of social medicine. Few have even an elementary knowledge of State or private social agencies, or are able to advise the patient or even to put him in touch with an organization capable of giving this advice. True, the medical profession itself is now seeking to remedy this by insisting that social medicine must form an integral part of the medical student's training.

We have always criticized the panel service, which allows the doc-

tor to have up to 900 State patients. This means that the present service is largely one of certification. Doctors have queues of from 50 to 100 State patients waiting to be seen in an hour's surgery. We want the new service to be a health service providing treatment without interminable waits and hurried consultations. This can only be brought about if the differences between the doctors and the State can be so ironed out as to result in all general practitioners taking part in a national health service.

It is important to bear in mind the high tradition which voluntary social service has established and maintained throughout its history in Great Britain. It is still true that every one of our State social services had its beginning in private agency work. It is equally important to remember that the community as a whole has enormous faith in voluntary social service. The unique position held by the Red Cross is ample evidence of this trust. It was to the Red Cross, as a private agency, that the country entrusted the gigantic task of feeding its prisoners of war and providing every amenity for their general welfare.

Voluntary social service has transcended the idea of giving by the more fortunate to the less fortunate. The war has at least taught us that personal service is not the prerogative of any one class or of any one section of the community. The spirit of spontaneous endeavor was perhaps a decisive factor when turned to meet the emergencies of a world war. In Great Britain it was the private agency that bore the first shock of war's repercussions. The citizens' advice bureaus, the family casework agencies, the youth organizations, the service charities, the voluntary hospitals, all played their part until the State machine was properly oiled and adapted to meet the emergency.

The call of the Minister of Health for twelve fully trained social workers was the beginning of a new alignment between the State and the private agency. It led to a partnership which lasted until the end of hostilities. The State did everything possible to encourage and assist any private agency whose work met an acknowledged need. Financial subsidies were granted, and payment for services rendered was readily made. The attitude of the State merited the praise and admiration of all political parties. In 1943 Herbert Morrison, describing private and voluntary social service as a moral and spiritual asset, said: "If it dies in this country, British democracy is dead."

The wheel has gone full cycle. There is now a grave danger that

the State, in absorbing the functions of private agencies, will banish the precious human touch, the enthusiastic local loyalties, the spirit of personal responsibility to one's fellows. The proposed legislation to eradicate the voluntary hospitals is an example of the present trend. Many people in Great Britain are asking whether private agency work must be sacrificed on the altar of administrative neatness, or whether it is possible to retain the spirit of voluntary service and voluntary giving within the framework of adequate State stewardship.

I think it would be wrong to take a depressing view of the situation. I believe the British capacity to compromise will, in the end, win through. Courage to face facts, a genius for adapting our institutions to changing needs, is a peculiar trait in the British character. Today, in a changed and changing world, we can no longer regard the question of State social service or private agency service as a moral issue, or as a battle of ideologies. The plain inescapable fact is that the State and private agencies have appropriate roles to play, that these roles are complementary, and that we cannot hope to win the battle of reconstruction unless they operate in close and friendly alliance.

There are two factors which should help to achieve and maintain this alliance. First, there is the National Council of Social Service, with its conference of voluntary agencies. The Council has become the rallying point for voluntary social service and has enabled the private agencies to speak with a united voice on questions which affect their work and well-being. The second factor is the increasing recruitment by the State of trained social workers. In the United States the trained social worker has long enjoyed an established place in the country's civil service. In Great Britain recruitment to the civil service has always been by way of an examination related exclusively to the general educational system. All would-be social workers or social reformers must enter by the same door, and even when they are through it they have no choice of selection so far as departments are concerned. The educator may find himself in the Ministry of Agriculture, or vice versa.

Our first evacuation scheme was in danger of collapsing completely until the London County Council, in its wisdom, sent its trained social workers into the reception areas to grapple with the problems of the children with whom they had spent all their professional lives. The

problems in the air raid rest centers for homeless people were solved only when the Ministry of Health imported into its service a team of fully trained social caseworkers, and later added several to its own administrative staff. The Assistance Board followed this example, and the Ministry of Insurance is doing likewise. This must make for a better understanding and an effective liaison between the administrators of the State and of the private agency services.

The second World War had its roots in the poverty and despair which followed the first World War, and if social insecurity is to be replaced by higher standards of health, education, and social betterment, then the social workers of the world must play their part in its achievement. We in Great Britain have followed with great interest the activities of the National Committee on International Organization for Social Welfare. We have set up a comparable committee in London, and close contact has been established with our Foreign Office. We are also collaborating closely with the movement to secure an interchange of social workers. Demands for social workers are pouring in from the Continent of Europe, and those whom we have been able to send have done much to secure that better understanding between peoples upon which the only lasting peace can be built.

To get the peoples of the world washed, dressed, warmed, fed, and set to work is the simplest and yet the most dramatic statement of our problem. It is the message of the Atlantic Charter, for if that Charter has a message for social workers throughout the world, it is surely this: The world is full of hungry people; let us consider how best to feed them; of people who are ill—how best to cure them; of people with starved and perverted minds—how best to provide for them the more abundant life which Christ came to bring to all men. A difficult if not impossible task, some will say. I would reply that to people of good will and determination, nothing is impossible. The mainspring of all constructive effort lies in the will of the individual. We knew this in Britain during the dark days of 1940. Then there stood between us and defeat nothing but the inflexible will of the people to survive. During those dark days we achieved a sense of true values, and together with the rest of the world, we need them today. I believe we shall not succeed in our task unless the great democratic countries return to a fundamental appreciation of spiritual values. The vast apathy bred of materialism and the paganism which is the enemy of citizen service are deeply embedded in community life throughout

the world. Only a crusading spirit among those who are prepared to put spiritual values first is likely to root out this apathy. Democracy as a way of life was fought for and won by men of religious convictions, and it can continue only with a fundamental belief in God and respect for man. If we think of the horrors of Belsen, of the depths to which man's inhumanity to man can sink, we realize that we need spiritual resources to restore the spirit of service and fraternal love without which democracy is just a fraud.

This, then, is the call of us who call ourselves social workers: to labor, not as men without hope, but rather with a sense of great responsibility and a profound sense of thankfulness that the opportunity is ours.

WELFARE PROBLEMS AND PROGRAM IN CHINA

By Donald S. Howard

IT WOULD BE DIFFICULT INDEED to think of a sharper contrast than that between welfare problems and programs in China and those in the United States, Great Britain, and the other Western countries.

The social welfare picture in the United States or in Great Britain, for instance, might well be painted with considerable detail, representing the substantial progress which has been made over the years. It might be painted, too, with vivid colors indicative of bright hopes for immediate future progress. A picture representing China, on the other hand, would have to be done upon a sprawling canvas in broad, sketchy lines, suggestive more of beginnings than of accomplishments. It would have to be painted, too, with subdued and somber colors, indicative more of sober hope than of confident optimism.

In attempting to grasp the significance of social welfare needs and programs in China as compared with those in Western countries, it is well to remember that in many respects China cannot be regarded as "just another nation."

China has more than twenty-four times the area of the United Kingdom. The Chinese province of Szechwan alone is nearly twice the size of the United Kingdom. Szechwan boasts as many people as either Great Britain or Italy, while the population of another province, Shantung, is approximately equal to that of France. The population of Honan Province is nearly twice that of Yugoslavia. Single provinces often represent as many people and needs as do entire countries in Europe.

China falls far short of having the equipment which we have come to consider as essential to a modern nation. Transportation facilities and equipment—roads, railways, rolling stock, trucks, spare parts, boats—are woefully inadequate. Industrial equipment is tragically lacking. Someone has figured out that in Gary, Indiana, alone there is more heavy industry than in the whole of China. Perhaps the overall difference between production in China and that in the United

States can be envisaged if one realizes that China's total civilian industrial productivity in 1940 was only about 4 percent of our first lend-lease measure.

While China lacks much of the equipment of a modern nation, it is only fair to say, nevertheless, that she has dreams. Take, for example, what has been called her "YVA"—a proposed gigantic development along the torrential Yangtze River patterned on our Tennessee Valley Authority. In dreams like these—implemented through Chinese intelligence and persistence and, perhaps, aided by foreign capital and technical skill—may lie a new future for this oldest of nations.

Closely related to her lack of modern industrial facilities is the tragically low prevailing standard of living. This means, of course, more needs to be met and fewer resources from which to meet them.

After all, social welfare as we think of it in the West is only a third line of defense against human needs. The first defense is a basic standard of living which provides the masses of people with at least the fundamental necessities of life. The second line, comprising broad public services such as free education, sanitation, and public health services, provides for all people amenities that they would otherwise have to purchase for themselves. This leaves to social welfare schemes provision only for such needs as cannot otherwise be met. In China even the normal standard of living is often insufficient to provide elementary necessities. Moreover, the margin by which families normally hang on to even this low standard is frequently so narrow that when any unforeseen contingency strikes, they are forced to forfeit life itself.

While China urgently needs social welfare services, it is still more important that she also develop and extend her first and second lines of defense against human need. Although China undoubtedly needs limited numbers of welfare specialists, her greater need is for a Jane Addams, a Graham Taylor, a Lillian Wald, a Homer Folks.

The cold, dismal fact of a much too low standard of living for China's masses raises the difficult question: How can a nation which is so poor ever afford costly social welfare schemes? As Dr. Sun Yat-sen once put it: "All of us have a share in the distressing poverty of the Chinese people; there is no especially rich class, there is only a general poverty." Since Dr. Sun's day there have doubtless been changes in the distribution of wealth in China. Whether these have been wide

enough to affect in any significant way the nub of this issue I cannot say. I do know, however, that competent observers have said that China's tax structure needs drastic revision. According to one estimate, the proportion of the tax load carried by the wealthier classes should be increased at least four times.

China's problem is, then, to provide necessary governmental and social welfare measures without depressing still further the already too low standard of living of most taxpayers. Just how difficult this will be is apparent when one recalls that one of China's most needed and overdue reforms is tax reduction. Perhaps the curtailment of vast expenditures for military purposes may provide resources for urgently needed social services.

A further aspect of Chinese life which affects social welfare measures is the distribution of her people in urban and rural areas. While agricultural communities badly need health and welfare services, we know that such services are preponderantly devices for aiding people who live in urban areas. Perhaps this is because needs in rural areas somehow have not seemed quite so pressing as have those in industrialized cities. Or, this delay may be attributable to the difficulties involved in administering welfare services in rural areas. In China no less than 75 percent of the population lives in rural areas. If China, on this account then, is somewhat slow in establishing necessary social welfare services, the delay should be readily understood by Westerners.

Still another difficulty which must be overcome is China's lack of a competent cadre of disciplined public administrators. Despite this lack, China need not delay indefinitely the inauguration of welfare measures. After all, in other countries relief measures very often provided the training ground, not only for relief officials, but also for administrators in other fields as well. Furthermore, Chinese administrators are being trained all the time—some in China, some in other countries. These men, who have as high ideals of service and efficiency as one can find anywhere, comprise a strong nucleus around which social services of the future can be built.

Unfortunately, even when technically competent administrators become available in China they will, for a long time to come, have to work in a milieu which will make it difficult to do a workmanlike job. Readers of Lin Yutang may recall that he has said that the only worth-while revolution in China is that against the female triad—Face, Fate, and Favor—of which he writes: "They paralyze justice,

render ineffective all paper constitutions, scorn at democracy, condemn the law, make a laughing stock of the people's rights, violate all traffic rules and club regulations, and ride roughshod over the people's home gardens. . . ."¹

To say that there is in China a variety of administrative obstacles is not, of course, to imply that any country is free of the same kinds of difficulty. One has only to think of our political machines, corrupt courts, favoritism and "pull," and to recall the vast amount of unimaginative, inflexible, and lackadaisical administration that we have in this country to realize that we, at least, are not the ones to cast the first stone. In fact, I have never been any more discouraged in China than I have been, on occasion, in this country when confronted by the inert and frigid sterility of some of our own administrative units, both public and private.

Yet another series of barriers to the speedy development of social welfare measures in China might be described as cultural obstacles. It is well known that in China the concept of social responsibility is often limited to responsibility to one's own family. In many sections of China, I was repeatedly told that, far from being taught to look out for their fellow men, children were, rather, urged to mind their own business. In support of this view friends frequently quoted the proverb "Sweep the snow off your own doorstep and don't worry about that on your neighbor's roof."

Readers of Lin Yutang may recall what he has said about social responsibilities:

. . . seen in modern eyes, Confucianism omitted out of the social relationships man's social obligations toward the stranger. . . . Samaritan virtue was unknown and practically discouraged . . .

. . . To a Chinese, social work always looks like "meddling with other people's business." A man enthusiastic for social reform or in fact for any kind of public work always looks a little bit ridiculous. . . . What does he mean by going out of his way to do all this work? . . . Why is he not loyal to his family and why does he not get official promotion and help his family first?²

While social responsibilities may not be emphasized in China as they are in Western countries, family responsibilities are taken much more seriously. This family loyalty is well illustrated by the proverb

¹ Lin Yutang, *My Country and My People* (New York: John Day, 1935), p. 195.

² *Ibid.*, pp. 180, 174-75.

"If one son reaches high position even the chickens and pigs will be in heaven." Prosperity for one member of the family is understood to mean prosperity for all. And, I might add, when a Chinese says "family" he really means family. This was well illustrated by the man who once asked me to carry a package to his "home" in Shanghai. This turned out to be the home maintained by his father-in-law's uncle.

In China, this fact of family responsibility has considerably more significance than it would have in this country. In Western countries we feel reasonably reassured when comfortably cuddled up in "cradle-to-the-grave" security. In China, however, her culture being what it is, many people cannot feel secure even in this life unless they have assurance that upon their death they will be survived by descendants to do them honor.

While we of the West might wish that the average Chinese possessed a broader sense of social responsibility, many Chinese deplore what they regard as a lack of proper family feeling among us. Chinese friends have frequently expressed shocked concern over the looseness of marriage ties and the high rate of divorce in this country. Chinese friends also find it difficult to understand our predilection for mother-in-law jokes. And I shall never forget the obvious pain evidenced by one Chinese as he sadly recalled a dinner he once had in an American home where an aged grandmother who inadvertently upset a tumbler of water was chided by a small granddaughter. Although the experience had taken place years before, the recalling of it was like reopening an old wound.

In addition to her traditional teachings, there are two factors that further tend to limit China's sense of social responsibility: the low standard of living which leaves little for outsiders once members of the family are taken care of; and, secondly, the lack of a well-ordered legal system. Repeatedly I was told in China that Chinese are reluctant to become identified with unrelated injured, sick, or necessitous persons lest they be compelled by some sort of arbitrary court or legal action to assume continuing responsibilities that they do not want to undertake.

In view of China's cultural pattern, then, one is not surprised if a Chinese seems to pass by with unconcerned detachment when a stranger lies ill, injured, starving, or dead by the roadside. Neither is one surprised if refugees living in a shelter do not immediately

assist their sick and helpless fellows to get their fair share of rice and boiled water from the communal supply.

In view of China's past, and in view of prospects for the immediate future, who is to say whether, for her, her own or Western standards of social responsibility are preferable? Whatever the ultimate answer may be, there is already striking evidence of change. Even China's strong family ties seem to be giving way. The war has dispersed families, separating members by hundreds and perhaps thousands of miles. Death has made its inroads. The base of the social unit to which family members have traditionally looked for assistance has consequently been narrowed. If there is to be in China a transition from a family-centered society to some other type of society, China's friends sincerely hope that she will not go off on a binge of rampant and unbridled individualism such as that which held sway in England after the collapse of feudalism until new and broader concepts of social responsibility emerged.

A further cultural factor affecting the future of social welfare measures in China is her attitude toward adversity. Very, very often the Chinese reaction to hardship is laughter. This is true, not only when misfortune befalls another, but also when it strikes one's self. Not infrequently I have seen a Chinese jump up laughing after tumbling out of a rickshaw or after being sent sprawling from a bicycle. Through China's thousands of years of history this ability to laugh in the face of suffering has undoubtedly aided her survival. Similarly, in the years immediately ahead, when there is bound to be much further suffering, this attitude will continue to help China retain her balance. However, one must not be surprised if people who can take misfortune in their stride prove to be somewhat slow in embracing comprehensive measures for meeting human need.

Closely related—perhaps as cause, perhaps as effect—to these cultural factors is a further difficulty: the lack, measured by Western standards, of a sense of urgency. I can recall no more frustrating experience in China than that of being told—even in the midst of starving and cholera-stricken people—"Oh, we Chinese have lots of time!" Still, what else should one expect of a civilization which, as one Chinese writer puts it, has been "trained for a thousand years in the virtue of serenity"?

This lack of a sense of urgency is still more understandable when one checks over the traits regarded by various careful students of

China as most typical of the Chinese character: contentment (which is said to be China's reaction to the lack of new frontiers and to the necessity for living in a closed economy in which initiative led nowhere), patience, indifference, nonchalance, pacificism, conservatism, skepticism regarding progress, and mellowness. These characteristics are passive qualities, calculated to develop a nation's staying power, not to speed up social advance or to facilitate the work of social administrators once new gains have been won.

For a moment, let us consider some of China's unmet needs. Recognizing that China, even before the war, lacked proper transportation, communication, and industrial equipment, one must realize that much of the little she once possessed has now been destroyed. Similarly, as the result of war and terrifying inflation, the traditionally low standard of living has been forced tragically lower still. Chinese coastal and inland shipping (which has always played a vital part in moving food and materials required for industrial and agricultural purposes) has been reduced by no less than 80 percent as the result of sinkings and theft by the enemy. Moreover, railroad equipment has been badly reduced. Along a single railroad—that from Canton to Hankow—there are said to have been 110 bridges, of which the American air forces knocked out no fewer than 102.

Another urgent need is for shelter. Cities in excess of eighty have been more than 50 percent destroyed, and a number have been all but completely wiped off the map. Rents are fantastically high.

A third severe need in China is for fuel. While fuel is indispensable for industry, transportation, and warmth, it is also an essential safeguard against the constant threat of disease—particularly cholera.

Still another urgent need is for cloth and clothing. This is perhaps difficult to understand in the country which gave the world silk. It is, nevertheless, a cruel, cold fact. As a relief worker, I have seldom felt more frustrated than when we lacked clothing or cloth to meet unbelievably critical needs. There were many times when refugees stricken with dysentery and cholera were compelled to lie in their own filth with no change of garments.

Medical supplies, too, are urgently needed. For months even the United Nations Relief and Rehabilitation Administration found it impossible to stock its regional offices with drugs and medical supplies sufficient for its own personnel. In one regional office the medical officer needed aspirin for a patient. All that was available was that

on the open market, and it was so highly adulterated that the physician was uncertain as to whether he should use it. Yet, that aspirin cost UNRRA fifty cents per tablet.

Finally, we come to China's most staggering need—that for food. When thinking about food for China let us keep in mind exactly what is meant. Unfortunately, it is impossible to think in terms of anything like a balanced diet or anywhere near the 1,500 calories which the press reports to be the standard by which Europe's need for food is being measured. In China the question simmers down to the impossibility of providing even one half cup of uncooked rice—equivalent to perhaps 800 calories—for each foodless person per day.

From China has come this discouraging message:

First-hand account estimates first 1946 crop . . . at one third of normal due to present drought and war damage. Much actual starvation, with parents unable to feed their children. Many child suicides because of having no food at all. Farmers are being forced to eat their seed supplies to keep alive. It is estimated that 7,000,000 people are in real need of food, with 2,000,000 or 3,000,000 near starvation and the number increasing.

From any corner of the world this message would be sobering enough; one can grasp its full, cruel significance only if he knows that it is from Hunan Province, "the rice bowl of China." With conditions like these in China's lake region, one can perhaps visualize the stark, naked want in traditionally deficit areas which in the past have been fed from the now empty and battered bowl.

It is impossible to say just how extensive are these severe shortages. However, recent estimates suggest that the number of Chinese in need of food for survival is no less than 30,000,000. This estimate, incidentally, is limited to persons for whom food, if available, could be transported by means of existing facilities. How many more people need food but are beyond the reach of transportation facilities is anybody's guess. Thirty million people! Measured in terms of the United States, this is equivalent to all the people of Ohio, all the people of Indiana, all the people of Illinois, all the people of Wisconsin and Minnesota, plus all the people of Iowa and Missouri. That many people in China are thought to require food from outside the country.

The tragic culmination of ceaseless searching and scrounging for food comes when edible foods can no longer be found and, as a recent report undramatically states, "people are reduced to eating

inedible substances." Or, as another report colorlessly puts it, "eating materials, not food." When this stage is reached people are reduced to seeking substitutes, such as grass, ground-up bark, and clay, which will not prove fatal, and which stay the pangs of hunger.

In the face of severe food needs in China and in other parts of the world, it is almost unbelievable that we in America continue to consume the quantities of food we enjoy. It is estimated that in 1946 Americans, on the average, will consume 165 pounds of meat per capita—an increase of some 40 percent over prewar standards. The average consumption in relief-receiving countries in Europe is said to be about 9.5 pounds of meat per capita. In China the average is much less. Yet countries contributing to UNRRA have supplied only about 3 percent of the commitments made to relief-receiving countries. With respect to fats the situation is still worse.

It appears to me that the present difficulty is not a defect in imagination or in a lack of heart but rather a temporary breakdown in our democratic controls. Because of this breakdown the real interest of the American people in seeing that our country does its fair share toward meeting the world's need for food has not been given practical effect. What is needed is for those concerned for strong action immediately to impress their views upon the responsible officials so that they will better effectuate the true desires of the American people.

I do not pretend to know the effect of girth control upon longevity; neither do I know the real relationship between a man's thickness and the length of his life. Nevertheless, in these days of severe shortages, people who eat more than they really need, if not digging their own graves, are in fact digging with their teeth the graves of others.

The tragedy of not having food enough to keep people alive makes it impossible even to contemplate other social measures for which it was once hoped that food might be available. For example, it was planned to establish special feeding programs in China for the rehabilitation of persons who had suffered most from malnutrition during the war. One of the ironies of starvation now is that it comes at a time when war-ravaged China most needs the services of her people to rebuild what war has torn down and when people therefore need more, not less, food than normally.

Again, it was hoped that food might be available for the rehabilitation of persons suffering from diseases which have especially flourished during the war years. In schools and colleges in Free China, for

example, it was thought that tuberculosis had attacked perhaps 30 percent of the students. Imagine what could be done if only the necessary food were available. Or, as another example, take the rehabilitation of opium addicts. The Japanese encouraged the opium trade as a lucrative source of revenue and as a means of demoralizing the Chinese. The number of opium users in North China alone is estimated at some thirty-five million. One cannot but wish, therefore, that food necessary to the rehabilitation of opium users were available. Still, the food just simply is not in sight.

In view of these needs, you may ask, what is China doing about them? The largest single undertaking is the program now being carried on by the Chinese National Relief and Rehabilitation Administration, familiarly known as CNRRA. This program embraces the distribution of food (primarily flour), cloth and clothing, medical supplies, the provision of shelter, the provision of transportation for refugees, the rehabilitation of agriculture and industry, the draining of flooded areas, and the restoration of transportation and communications. This life-giving program is expected to cost the Chinese government no less than 242,000,000,000 Chinese dollars.

Supplies required for the CNRRA program are, for the most part, supplied by UNRRA. In addition, UNRRA also provides personnel, made up largely of relief, welfare, medical, transportation, agricultural, and industrial specialists. Their job is to help the Chinese personnel responsible for the nation's relief and rehabilitation program.

Just as the Nationalist Government has its relief plans, so also do the Communists have theirs. In fact, in keeping with the policy of both CNRRA and UNRRA that relief shall be administered without discrimination on political grounds, the Government and the Communists already have worked out means of making necessary relief surveys, of repairing and opening roads, of transporting and distributing relief supplies.²

The relief program of the Communists has been to organize local committees in areas under their control. In at least some of these areas from which first-hand reports are available, Communist officials and soldiers contribute for relief purposes as much as 30 percent of their meager incomes.

² Reports from China indicate that plans for the fair distribution of relief supplies to Communist as well as Nationalist areas have not been carried out too successfully.

The Chinese Government, in addition to what it is doing through CNRRA, is also appropriating several billion Chinese dollars to the Ministry of Social Affairs for unemployment and other emergency relief. This Ministry, organized in 1940, has broad responsibility for social welfare, labor, and mass education programs, and appears to be the governmental agency which will have continuing responsibility for China's long-range relief and welfare measures.

Social welfare work in China over the years has also been undertaken by various semi-official and voluntary organizations interested particularly in children, or perhaps in conscripts, or disabled war veterans. There has also been a wide variety of small provincial and local welfare organizations meeting emergency needs of one kind or another. However, the one single source of assistance to which the Chinese, traditionally, have had to look in case of need is the family. Within their meager powers, families have heroically gone to extreme lengths to give to needy relatives a modicum of security.

Even a staunch defender of China's efforts in the relief and welfare field must admit, however, that, valiant as China's relief efforts in the past have been, they were far, far from enough to make anything like a perceptible dent in her total problem. Friends of China certainly will find greater satisfaction in looking toward the future than back upon the past. Fortunately for China, the promise of a better future for the cause of social welfare is reflected in the teachings of Dr. Sun Yat-sen, in declarations of Generalissimo Chiang Kai-shek, in promises of the Kuomintang party, and in resolutions of the Political Consultation Conference.

By way of a beginning, the Ministry of Social Affairs has adopted a five-year plan in which the following three social welfare measures are to receive primary attention: (1) full employment, including public works, occupational training, and the extension of employment offices; (2) the inauguration of social insurance, including accident, old age and mortality, sickness and maternity, and unemployment insurance; (3) establishment of social relief schemes, including medical and other health services, work relief, reduction of taxes, lending or distribution of relief goods or cash, and shelter care with feeding and educational work.

Thus it is obvious that China has her aspirations. Whether they remain mere hopes or whether they take on real substance, affording the Chinese people a degree of security hitherto unknown, will de-

pend upon how much good faith, initiative, perseverance, social vision, financial resources, and administrative acumen can be marshaled for the advance.

Are there ways in which—in addition to helping China get her fair share of the world's food—outsiders can help China in the realization of her social welfare dreams? There are. A first contribution is to attempt really to understand that country and her problems. This is not easy. China is so big and so diverse that one must constantly keep his mind stretched and open if he is really to grasp the significance of what he sees or hears. It is not suggested that criticism be avoided but that, when voiced, it be accompanied by explanations as to how and why the weaknesses might have developed or by reminders that in China there are also tremendous strengths which are as striking and praiseworthy as her weaknesses are regrettable.

A second contribution is to help China really to understand our own social structure and welfare services. Visitors from other countries often say that we Americans help them to grasp our technical services much better than we aid them in understanding our broader social organization. In the past we have done great disservice to other countries by failing to point out the particular conditions under which our organizations and techniques are more, or less, successful, and by failing, also, to help foreign colleagues to know which of our techniques and measures might or might not be expected to work in quite different settings.

A further service we can render to China—and to ourselves—is to learn from her. After all, no country wants to feel that it has no important contribution to make to its sister nations. In the case of China a profitable two-way relationship is easy indeed. She has much to teach: how to live with our fellows; how to be warmly friendly and graciously hospitable; how to maintain a sense of humor; and how to preserve personal equilibrium in the face of disappointment and defeat.

Yet another service to be rendered to China is to trust her to work out her own salvation, with such help as she may request. Through the years China has been treated rudely. Sister nations refused to trust her courts and her general administrative ability and therefore undertook to run some of her affairs. Fortunately, extraterritoriality has now been abolished. Social workers, with their first-hand knowledge of how important it is for people to assume responsibility for

their own lives, will understand better than most Americans China's intense desire to be emancipated from external control even when her domestic affairs are not running too smoothly.

A further aid to China is to make it possible for American social workers—if and as requested by China—to serve there. Somehow we must find ways through which specially qualified colleagues, upon invitation, can serve in China to advise with respect to future plans, to assist in actual operations, and to participate in training programs. Perhaps this can be done, in part, through urging the State Department to send professional social workers with the engineers, physicians, agricultural rehabilitation and other specialists whom the Department is generously making available for service abroad. Or, perhaps, social workers themselves can make it possible for certain of their colleagues to work in China. Schools of social work might cooperate by extending the leaves of certain outstanding teachers to permit them to undertake a term of service in some Chinese training center.

Also, tremendous aid to the cause of social work in China may be rendered through the contribution of funds to aid professional colleagues. Many Chinese social workers are in dire economic distress. As a group their real income is estimated to be only about 5 to 10 percent of what it was before the war. Although social work salaries increased somewhat during the war years, they have not nearly kept pace with living costs which, on the average, have increased some 2,400 times. As a result, our Chinese colleagues are forced to live under extremely rugged and exhausting conditions; they have absolutely no margin for sickness or for medical care; they cannot provide even elementary rights, such as education, which they owe their children; somehow they must augment their meager resources through gainful occupation on the side, thus further depleting their low vitality and often actually interfering with their professional responsibilities. Even small amounts of assistance made available at strategic times in periods of personal crisis could do inestimable good in enabling qualified workers to continue in work which they otherwise might be compelled to give up in favor of more lucrative employment. Assistance of this kind would also help materially in bolstering the morale and efficiency of workers who have been hard hit by war, are already heavily overburdened, and yet face ever increasing demands upon them.

Still another service that outsiders can render to China is to help interpret her need for material assistance and to overcome objections frequently raised in this country when aid to China is suggested. It is often argued that China's needs are so great that it is hopeless to attempt to meet them; that, after all, her standards of living have always been low; that if the Chinese would only quit fighting they would probably get along all right; that the Chinese themselves are not using their land, mineral, and other resources to the best advantage; that there is still plenty of need right here in America; that there are far too many people in China anyhow. If social workers—who pride themselves upon their understanding of human needs, upon their freedom from prejudice and bias, and upon their concern that need should be met regardless of its cause—cannot help to overcome such public attitudes then it is certain that for a long time to come they will continue to impede efforts to send needed relief supplies to China.

While Americans as a whole respond nobly to appeals for relief there is, nevertheless, an ominous cynical undertone in this country, reflecting a quite serious callousness to sufferings abroad. As one widely read journal recently put it:

Poverty, suffering, disorganization will be the lot of most other peoples.

U.S., enjoying life, may offer little more than advice, and a sales talk on private capitalism to the down-and-out people of Europe and the Far East.⁴

Is this really all America wants to give: advice, and a sales talk on capitalism? I do not believe so. Nevertheless, I fear that it is the spirit of many. And if those who believe that we have broad responsibilities toward the world and its needs do not succeed in marshaling public opinion behind these beliefs we are likely some day to find the contrary, cynical view in the ascendancy.

Finally, a contribution of transcending importance to social welfare in China is to do all that can possibly be done to assure the establishment of effective international social welfare machinery. Long steps have already been taken by the Temporary Social Commission of the Social and Economic Council. Proposals of this body must be made actualities. Further steps must also be taken. Strong American support of, and participation in, the social welfare work of the United Nations must be guaranteed.

⁴ *United States News*, April 5, 1946, p. 8.

In short, social workers who in their own countries have led the fight for human dignity, individual freedom, and social and economic justice today face unparalleled opportunities to aid in these struggles the world around. If we accept this challenge we shall find many kindred spirits. In China, for example, we would find a Chinese colleague who, in describing a visit to a certain relief center in his area, recently wrote:

In a discussion, . . . I emphasized the fact that as relief workers we should not look at our work as merely a job to earn our living. If China is to take her place among the great modern powers of the world in a new age we must feel upon ourselves a new responsibility . . . in the administration of the Government, the United Nations and private agency funds. We must ourselves view the people we aid as the builders with ourselves of a New China and a New World. And we must develop in these people an appreciation of this new concept of life.

That spirit, I believe, is truly representative of social workers in many lands, including our own; we want to aid the cause of social welfare, not only here at home, but also in China and among all the United Nations.

One thing is sure: There is still a world war on—a fight for human dignity, individual freedom, and social and economic justice throughout the world. And all of us are in it; and we'll stay in it, battling not on our own front only, but accepting the fight for what it is—a global war.

CAN SOCIETY KEEP PACE WITH SCIENCE?

By G. Brock Chisholm, M.D.

BECAUSE OF THE FACT that the human race is at a most important cross-roads in its development, and because we are now living in a world of danger such as humans have never lived in before, it is only reasonable for us to look carefully at ourselves and at our methods of adjustment to our environment. It would seem that certain factual observations can be made with which most independent observers can agree. Though some of these observations may, at first sight, seem to have little interrelationship, they are all factors in the present world problem.

We are the kinds of people who have fought each other every fifteen or twenty years, or even more frequently, throughout the recorded history of the human race. We are the kinds of people we are as the result of our development, from before birth to adulthood. Our judgments of right and wrong, our consciences, are potent forces in determining what kinds of people we will be. Consciences are acquired in early childhood and are pretty well completed by six or perhaps by eight years of age. Their terms of reference vary from place to place and time to time according to the beliefs of the particular parents. The general kind of person the adult will be is determined largely in early childhood. The ability to think clearly has been destroyed or crippled or, on the other hand, has been established and is free for life at the age of six or eight.

Bacteria and toxins are, or soon will be, better weapons than explosives. They can be much more effective and no less humane. Some have a latent period of days or weeks, and others can be used with immediate effect. Some can render areas uninhabitable for long periods, while the effects of others will disappear within a few hours. Guns, tanks, navies, armies, and air forces are obsolete as fighting instruments, except for "mopping-up" operations in taking over a depopulated, or almost depopulated, country.

No heavy industries will be necessary for a future war; relatively small and easily hidden laboratories can produce far more effective weapons. Neither oil, steel, aluminum, manpower, industrial de-

velopment, nor armed forces should be significant factors in our thinking about war. These have all gone the way of swords and longbows.

Any country that is reasonably free to visitors can be neutralized as an effective fighting force within a few weeks. If any government becomes convinced that it will have to fight any other country at any time it would be very foolish indeed not so to neutralize that other country at once. Any realistic government can be counted on to take such action. A thousand or so of visitors could spread bacteria or toxins sufficient to paralyze any country's power of aggression. There are no scientific secrets; there are only unequal scientific advances in different countries. The only secrets are in the methods of production, which are always open to rediscovery or variation and improvement.

Democratic governments cannot, either within their own boundaries or in relation to other nations, take action or maintain points of view that are not generally acceptable to their own people. In other words, nations cannot, in relation to each other, behave in more socially desirable ways than will be supported by their own people; or, again, governments cannot behave in much more mature and world-citizen-like ways than would be the normal expression of the developmental status of their own citizens.

If these statements are true it is obvious that we should revise some of our attitudes. In the first place, we should not expect too much from democratic governments. We should look to the peoples themselves for indications of what can be hoped for from their governments. We should also remind ourselves that these strictures do not apply in the same degree to nondemocratic governments. Such governments can behave in more, or less, mature or world-citizen-like ways than would be appropriate to the developmental status of their people generally. They are, however, still dependent on the group or clique from which their support comes. The only difference in this regard between democratic and nondemocratic governments is that the former needs majority support, whereas the latter may get along with the support of even a small minority—at least for a while.

What we must learn from these observations is that there is no use for a few people to scream and yell at democratic governments in attempts to induce them to behave sensibly and as though they represented mature people. Only when enough voters are sensible and mature can their governments be expected to show those qualities.

It is not a pleasant exercise, though a salutary one, to look at our democracies in an attempt honestly to evaluate the sense and maturity of our peoples. Even a quick glance shows us magic everywhere; at the most obvious level we see teacup readers, astrologers, palmists, personal salvationists, flourishing by the thousands. We find imposed taboos and moralities determining the behavior of millions of people. Some cannot eat pork, some cannot eat beef, some cannot eat horse, some cannot dance or drink alcoholic beverages, or play with certain cards, or play games on certain days of the week, or do other things during certain periods of the year, or use certain words in certain places or in the presence of certain people. Some must spend long hours going through prescribed motions, or repeating prescribed words endlessly with the object of pleasing or avoiding the wrath of their particular idea of a god. Some pay others considerable amounts of money to do these things for them, even to the point of impoverishing themselves, believing that the effect on their god is greater if the rituals are performed by professionals. All these maneuverings appear to have the object of attaining a greater degree of security, of buying back by expensive means some of the security stolen from them during childhood by the imposition of guilt and fear.

In other fields also our sense and maturity show obvious deficiencies. Surely it is recognizable to even the less than average intelligence that the development of children, who will make or destroy the world as they come to adulthood, is the most important problem of any generation. In the face of this fact we go on paying movie actors and actresses 200 and 300 times the salaries we pay teachers who are entrusted with the bringing up of our children; we commonly pay football coaches more than we pay many university professors or even presidents; we pay boxers and baseball players and men who run restaurants far more than we do our psychologists or psychiatrists or social workers. None of this makes sense—and yet we go on doing it. Perhaps most tragically, millions of people cannot understand, or be tolerant of, or friendly to, other people who happen to have been brought up differently, with different sets of taboos, different fears, or different sacred symbols.

Each group, of course, believes completely in the universal and permanent validity of its own system of taboos and faiths. This certainty is the result of the imposition of an exclusive faith in childhood, which does not leave the child in possession of his original dis-

criminative ability in these fields. Each child can only accept what is imposed in infancy by his parents. He may rebel and fight against their system of taboos and faiths but deeply he will believe, and he can gain freedom only with great difficulty and frequently with extensive damage to his total personality.

Of course, many people with vested interests in the present system—financial power, security, escape from reality, years of devotion, are some of the vested interests—do not at all like to hear these matters discussed in factual terms, for fear of losing their investment in things as they are. This reluctance or, in many cases, refusal to accept facts may well lead to a great reduction in population or even to the extinction of the human race, because the world can no longer get along with large masses of prejudiced, intolerant, un-understanding, and immature people who take their own superiority for granted. Those attitudes, expressed through their governments in their international relations, will, in all probability, now that really effective weapons are becoming available, destroy most of the human race within the next few years.

It is no longer safe for any considerable numbers of people anywhere to hate, or be intolerant of, any other people. Because this is true it is high time we began to search for, and to recognize the sources of, our own hates and intolerances and the presumed superiorities of our own faiths and customs. In the specific local and familial certainties which have been imposed on all of us in childhood and in our own consequent lack of development to a level of maturity and world citizenship, we may recognize many of these sources, if not all of them.

In this new kind of world all of us must be able to live with all the other people, without hating them, or despising them, or failing to understand their points of view, or trying to force them to accept the particular attitudes that happened to be in vogue in the state and family in which we ourselves happened to have been born. It is necessary that everyone, or at least enough people, whatever the critical proportion may be, should be able to see the social, economic, financial, legal, ethical, educational, and other customs of his own group as local, experimental, and temporary—as indeed they all are. It is just as necessary that enough people should be able to see the corresponding customs in all other people as no less and no more, local, experimental, and temporary. It should be quite clear also

that every experiment has validity for those who earnestly try to understand it and to learn from its results.

All the ways in which various groups of people at various times and places have tried and are trying to live are intensely interesting. The story of all these parallel experiments is exciting and stimulating to intellectual effort and conducive to freedom to think clearly in all directions, and eventually to world citizenship. Each such experiment has developed in its own peculiar circumstances in response to needs of particular groups at particular times. Attitudes and beliefs have been spread primarily by parental authority but also by conquering armies with fire and sword, by commercial infiltration or exploitation, by exhortation, by example, by martyrdom, and, rarely, by logical presentation. All these methods except the last, logical presentation, take advantage of emotional pressures in order to gain conviction. Their success depends, not on the validity or truth of the belief, but on the degree of emotionally induced blindness to logic and reality which may be produced. The fact of parenthood does not necessarily give parents perfect knowledge or wisdom; fire and sword do not necessarily carry truth with them; commercial exploitation may teach only the expediency of conformity; exhortation is a vehicle for lies as well as for truth; example shows only a kind of behavior and has no bearing on the validity of motives; martyrdom does not argue for the validity of the belief of the martyr, there have been martyrs on both sides of many important controversies.

So long as children are brought up, on the unquestionable authority of their parents, to believe in the exclusive validity of whatever social, economic, financial, legal, ethical, educational, or other customs happen to be approved by those particular parents, only rarely will any of them be able to develop beyond these local certainties to any real understanding of themselves or of other kinds of people. Perhaps not more than one in several hundreds or even thousands will be able to overcome these strong obstacles in the way of development to the status of maturity. Not one in several thousands of the world's population has been able to break through the barriers of parental certainties. Of those who do, many carry lifelong personality scars in the form of inferiorities and fears which limit their usefulness to the community and their enjoyment of life.

There has been a widespread and long-accepted belief that parents are entitled to bring up their children any way they want to, that

they have an absolute right to starve, lie to, punish, or even kill their children if they wish. "That thy days may be long in the land" was no idle threat in a patriarchal society in the time of Moses. Many survivals of that patriarchal attitude are still to be found in the belief of many parents that they are entitled, if not to kill, at least to allow their children to die unnecessarily because they themselves cannot accept the facts of vaccination or antitoxins. One finds the same attitude about parents' right to impose on their children all sorts of weird faiths and loyalties which will inevitably make the children into neurotics who suffer from inferiority and guilt and fear and who cannot live harmoniously with other people. Many millions of people are suffering and causing others to suffer from neurotic disabilities which are largely preventable.

There is nothing new in these observations; people here and there have been thinking and saying these things for a long time. So far, however, these logical attitudes have never been able to break through the inculcated certainties of enough people to be significant, and so intolerance, social chaos, poverty, cruelty, and wars have gone on and on unnecessarily for generations. They will go on until enough of the human race has freedom to use its brain power or, alternatively, until the human race is destroyed by its own unreasonableness. The most important problem of the world is this question: Which way are we going, backward toward authoritarian belief and thinking and even greater chaos and fear and destruction of the race, or forward toward clarity of understanding, freedom to use all our mental equipment and partnership with destiny? This latter course is clearly that toward which man has been developing slowly for millions of years; it is the course of evolution toward ever greater knowledge and understanding; it follows the evident universal course, or, if the alternative phraseology be preferred, the will of God.

Man's destiny as an intellectual organism is inherent in his equipment. The superior lobes of his brain are his only demonstrably unique qualification for any other destiny than that of the other animals. It follows inevitably that the only final validity for man lies in logic and reason. He is built to explore, to wonder, to question, and, above all, to think for himself. To adopt the thinking of others on any other basis than acceptance by his intellect is a crime against man's destiny and can lead only to confusion and frustration, and ultimately to destruction,

How, then, may this surely preferable course of continuing evolution be followed? How may the race avoid self-destruction and get on with its evolution in the direction prescribed by its specific equipment millions of years ago? The necessities are not too difficult to see, but they are difficult indeed to attain. The intellectual integrity of children, which they all have in infancy, must be maintained undistorted and free. Here we must come to a most painful and revolutionary conclusion, one which is at variance with, or even directly opposed to, the concepts under which almost all of us have been reared. Painful and shocking as it is, there would seem to be no defensible alternative. Before it is too late, and hoping only that it is not already too late to save the race, we must take this drastic and unprecedented action: We must stop lying to children! We must tell them the truth. I would not suggest for a moment that anything taught to children should be represented as final, unchangeable truth, but all children should be given the opportunity of seeing everything in its true world relationship. The local customs of the natives, whether in India, or Russia, or Tibet, should be appreciated as variant experiments in living. Each has a certain validity, indeed an inevitability, for its time and its place and its persons. Whether successful or unsuccessful, and to whatever degree, every such experiment represents human striving and experience. None has so far been outstandingly successful. It is difficult for us to boast of the American way of life, or the British way, or any other way which has allowed the first World War and the second World War to occur, with their ghastly loss of life and widespread suffering. These same vaunted ways of life, if they continue, will of course allow also the third World War, which, if it comes, will destroy most of the human race.

Do we tell our children these truths? Do we show them how tragically wrong we and all our ancestors have been? Do we show them the truths that have been stated by others than our own locally approved authorities? What of the wise things said by Confucius, and Buddha, and Mohammed, and many others in the past? What of the even more important wisdom of the present? Do our children realize that more is known now about everything than was ever known before about anything? Is authority in most families drawn from our great centers of learning, or from the folklore and superstitions and fears of our relatively ignorant parents and grandparents? Is it not even yet true that the facts of the great evolutionary process, of which the

human race is one of the manifestations, cannot be told honestly by teachers in some schools because of the unchangeable beliefs of some mediievally anchored parents and school boards? Is there any reasonable hope that enough children, brought up as we are still doing, can develop the understanding and tolerance which will make them capable of living as true world citizens?

We must stop our habitual, consistent, and practically universal custom of imposing on our own children the certainties, beliefs, and attitudes that happened to be imposed on us in our childhood. We must leave them free to bring all contemporary knowledge into relation with the world as they find it, to work out their own goals and their own methods. That does not mean that they should not be able to benefit from our experience. They need to learn the lessons of our confusions and our failures as well as of our successes, but they also need to learn from all the other parallel experiments in living that have been going on for thousands of years. The Chinese, the Egyptian, the Aztec, the Roman, the Greek, the Hindu, the Moslem, the English, the Russian, the American, the Canadian—these are all experiments in living just as are all the arts and sciences and the religions. They all have their validity to the degree that they preserve the intellectual integrity of their adherents, to the degree that they do not anchor them in the past but allow and encourage them to develop into their own bright new hopeful future. This freeing of thinking that needs so desperately to be done throughout the world is not generally, certainly not in democracies, a thing that governments can do. It is an individual necessity and the responsibility of every family. We must ourselves learn, no matter how difficult or painful that learning, and then allow our children to think clearly and honestly about everything. We must not presume to give them our answers; our answers have been very ineffective and have produced or allowed to persist much unnecessary hate, unhappiness, poverty, disease, war, and death. Our children should not have imposed on them the certainties and consequent intolerances under which we and all past generations have had to struggle along. They should be free to discard any of our customs or attitudes or beliefs. They will be able to do this quite safely if we can only leave them free, and unafraid of their own ability to think. Freedom from imposed moral controls does not mean license; it means sensible behavior without neurotic necessities for defiance or domination.

This is the great lesson that children must be allowed to learn, the progression of all nature, including man; their responsibility as individuals to help and not to hinder that development; their freedom to discard whatever of the past they find no longer valid or useful in the service of man's destiny; and above all, perhaps, respect for their own highest quality and their only real hope of survival, their ability to think clearly and truly and to change their beliefs and methods as human understanding reaches out ever farther into the vast unexplored fields of truth which alone may define man's destiny.

The responsibility of helping the next generation to be, not as we have been, but understanding and tolerant and kindly and compassionate, which is to say mature, and able to insure the survival of the race, lies heavily on every person who is himself free enough and able, independently of taboo or fetish, to use his own brain. That is our greatest responsibility. We owe our children their chance of survival; the alternative is fear and war and death.

TOWARD AN AMERICAN SOCIETY

By Max Lerner

THE BIG QUESTION OF OUR TIME is why it is that after the greatest war and victory in history the taste in our mouths is not the taste of victory but the taste of dust and ashes; why it is that all over the world there is the sound of the breaking of ties between former allies, the breaking of hopes, and the breaking of hearts; why it is that here on this continent the men who stood together in unity in wartime have in peacetime fallen asunder. Can we find a way of resolving these conflicts, of letting the energies of Americans express themselves in a competition to reach the same goals, rather than in tearing each other apart?

Today the success or failure of American democracy is more crucial to the world than ever. During the war the great query was whether our way of life could stand up under the onslaught of the fascist way of life. We have answered that question with finality. But now a more haunting question confronts us: What chance is there for escaping the annihilation of man?

If I understand the crisis of our time, it is at once a technical crisis and a moral crisis. Man has shown himself terribly smart technically. His ingenuity has stretched so far that he has discovered the final weapon for annihilating himself. But the second crisis concerns the human nature which holds this weapon in its hand. We should have discovered by now that this human nature is still not very far removed from the animal. The fascists showed us that unforgettably. Not only is fascism itself still undestroyed in its focal centers of infection at Berlin and Tokyo, but we have not extinguished the fascist spark even in our own hearts. It burns in us fitfully, to be sure. But it is still sinister, like the glint of steel on the dagger of an assassin when a sudden ray of moon lights it up for a moment in a dark room. The six terrible years of war, the whole era of the fascist shadow which preceded the war, and the present spectacle of the two great power-systems of the world getting ready to fight over the spoils on the blood-soaked arenas of Europe and Asia—these, I say, should have taught

us that there is still a primal beast, that crouches in the jungle of the human heart.

Put these two facts together—man's capacity to destroy mankind, and the fact that this beast is still in the human heart—put them together, and you get the technical and the moral crisis of our time. I might put it differently by saying that the era in which we live is that of an arrested revolution. We have transformed the technical basis of our dying and our living. We have not yet transformed the moral basis of our dying and our living.

We have within our reach—in spite of the famines and the ravished fields and factories all over the world—the greatest era of human abundance in history, or the greatest era of human destruction in history. But the problem is: Do we have the moral insight and the stature to use our power for decent human ends? Are we capable of a moral and social transformation as vast and as radical as our technical revolution?

This is a big question. But I answer that we dare not put a lesser question to ourselves. And, it is a question to be settled largely on the American continent. For it is we Americans who, more than any other people, are the carriers of the technical and moral crisis of man. It is we whose scientists performed the vast engineering feat of building an atom bomb, whose scientists are at this very moment moving to even more deadly and still-undreamt-of engines of destruction. It is we Americans whose scientists have organized in a movement to control the atom bomb—and this, to my mind, is the most exciting sign that a moral revolution may be on its way. It is we who today stand guard over the two most significant hoards in the world: we have almost all the gold in the world, which we bury away in the bowels of the earth; and we have all the atom bombs in the world, which we store up, and keep on producing day after day. It is we Americans who have developed the most statesman-like plan thus far—the Lilienthal-Acheson plan—for the international harnessing of atomic energy. It is we who have within our reach, more than any other nation, the peaceful and industrial uses of atomic energy. And, finally, it is we who carry the moral burden of showing whether men can be trusted in a democracy to shape their own destiny, and whether the beast that crouches in the jungle of the heart can be tamed.

That is why the internal problems of America are not simply internal problems. They are not a private affair with which we alone

are concerned. All over the world people are saying: If America cannot organize its economic abundance, if America cannot resolve its conflicts, then who can? If the American people—kindly, generous, downright, with a whole vast continent on which to deploy themselves—if they cannot tame the fascist impulse in themselves, then who can? It is for that reason that every Negro we hate, every Jew we bait, every returned soldier we deny housing and schooling, every American child we allow to go without medical care, and every anti-labor rampage we launch ourselves on, is a blow struck, not only at American democracy, but straight at the world's hopes and beliefs.

Thus we ask what kind of a people we are showing ourselves to be at this tortured time in history. This is a crucial inventory, a sort of Domesday Book of our social ills and our human and moral resources. The deadly fact emerges that we are, as a nation, spending our energies and emotions riding like lethal horsemen after the wrong enemy. Take some of the test conflict-areas which indicate the extent of our greatness as a people. Take the area of religious equality. Our native fascists are still with us. As Secretary Wallace put it, "They have gotten a new audacity; like rats, they are now beginning to come out of their holes." The Jew-baiting which was the consummate contribution of Goebbels, Streicher, and Rosenberg to civilization is back again in America, taking renewed courage and renewed hope. It is back again, masquerading under the name of "nationalism," with leaders who go about the country saying that Jewish-American doctors in the American Army inoculated German civilians with syphilis germs during the war. It has found its way even into the halls of Congress, where thinly veiled anti-Jewish threats are heard on the floor of Congress. As if 6,000,000 Jewish corpses in Europe were not enough to memorialize man's inhumanity to man.

This same native fascism shows itself in a renewed anti-alien movement—a new xenophobia—growing in our country. We are a people who have always prided ourselves on admitting the poor, the tired, the persecuted from every shore. Yet for twenty years we have shut our gates ever tighter against immigration into our country. When President Truman had the wisdom and courage to issue an executive order assigning the unfilled immigrant quotas for Central Europe to the Jewish refugee groups, a bill was presented to Congress (the Gossett bill) to cut these quotas in two. And this makes us ask whether we are becoming a closed country with a constricted heart.

One of the bills reported favorably out of the Senate Judiciary Committee was the Capper bill, providing that all aliens be excluded from the count used as a basis for assigning Congressional representation. Were we to do that, we would create a hierarchy of first- and second-class Americans. Have we so soon forgotten that from the beginning the American idea has not been that of building an exclusive nationalism, but that of creating an inclusive American society that would take in every group and every person who wished to live under American institutions?—that, as Walt Whitman put it, we are more than a nation: we are “a nation of nations”?

It is not an unimportant sign of the times that in the South the Ku Klux Klan is rising again, is burning fiery crosses to symbolize its contempt for human tradition, to proclaim again an exclusively white, Christian, and Protestant America. And in the Senate we have witnessed the spectacle of Senators priding themselves on the parliamentary ingenuity by which they managed to sustain against the Fair Employment Practice Committee bill a filibuster that doomed millions of American Negroes to the economic lynching of job discrimination.

In this inventory I do not confine myself to minority groups. It is one of the fallacies of our current thinking to believe that antidemocratic hatred and selfishness are directed only against minorities. They operate just as well against the majority. Take, for example, the millions of our young men and women returning from the services—the best of our population, on whom will rest the decisions of the next decade. They are the postponed generation, the generation that has had five or six years taken out of its life. Now they come back with a passionate desire once more to find their roots in American life. They have come out of their war uniforms and out of the war factories. The things they want are simple things. Many of them have said to me that they do not want to grow rich; they do not want to stack up huge piles of profit or power. They want to be wanted! They want to find some place where they can be useful in fulfilling their own lives, and in preventing the recurrence of the kind of catastrophe through which they went.

Yet, thus far, what have we given them? We have failed to break the housing blockade, because of a paralysis of will and because of the operation of a real-estate lobby in Congress. We have confronted their slender resources with rising prices, and we have failed to maintain

price control. If we give them a boom followed by another depression, this generation, which we almost lost once, may turn out finally to be lost to us for good. For it is heartbreakingly difficult to maintain a passionate belief in democratic institutions when those institutions do not operate to fulfill the simple and yet revolutionary demands of young people. All that they want is a chance to court and marry, to have a family, a chance to send their children to school with decent food and decent clothing, a chance to build an America in which they can stand up straight and not be humiliated by their color or creed or the shape of their faces. If this is not fulfilled, then we have a large majority group in our country—not a minority group—that can become the easy victim of fascist demagoguery.

I come now to another majority group—labor. On the question of labor many of the best intentioned people in America are becoming restive. The railroad strike, for example, played hob with our personal plans. It is a poor kind of democratic conviction which expresses itself when no inconvenience is involved, but, like a summer soldier, disappears when the fighting gets rough. I have heard a liberal defined as a man whose militancy is in direct proportion to the distance of the object from himself. That may explain why the liberalism of some of us disappears as soon as we get to the question of current strikes.

Let me say straight off that trying to organize a way of order in industrial society by the method of strikes is not an end in itself. It is a wasteful and costly procedure. But let us discover where the blame for the waste and the cost should be put. Let us understand that the current strikes, like most strikes, are symptoms, not only of social ferment and unrest, but also of economic unbalance. If we had greatness as a people, we would not be joining in the fever of labor-baiting which leads Congress to pass punitive antilabor legislation. We would try to cure the disease instead of cracking down on the patient, especially when the patient represents a majority of the American people.

What is the disease out of which our current strikes grow? It lies in the unequal distribution of economic power that gives a few hundred men in managerial and finance-control positions the power to decide the economic destinies of millions of men; a few hundred men, may I say, whom the American people have not put in their strategic positions, and whom they cannot remove from them. Above all, the disease lies in the shocking assumption that labor is only a com-

modity—a commodity to be paid for at the lowest rates, to be bought in the cheapest market and to be worked the longest hours; we see it as a commodity instead of what it is: the richest resource that any civilization can have, its human resources.

If you ask where the money will come from to give these human resources a chance to make a living and a life, the answer lies in the almost incredible rise in the productivity of labor per man-hour, working with the new machines. I ask whether it is a crime for labor to demand a share of that increased productivity?

And now I should like to examine the greatest human resource and the greatest majority that we have—American youth. We speak of education for all. Yet in the realm of higher education the remark that William Graham Sumner once made about the economic system still holds. He said that at the banquet of life there are diners without appetites at one end of the table, and appetites without diners at the other end of the table. That is still true of American higher education.

We speak of education for all. Yet, as was amply documented in New York State in the Hughes-Dodson report, we practice racism in our colleges and professional schools. Those whose color or religion or original extraction is wrong are today on a quota system in most of the privately endowed American institutions of higher learning. That is a matter of common knowledge in every part of our country. Yet, thus far, there has not been a single major figure in the educational world who has the courage and candor to denounce it. This not only poisons life for those who are excluded, it poisons the atmosphere for those who are admitted.

We speak of education for all. Yet how flustered we have become when we find that there are more young Americans clamoring to get into our colleges and technical and professional schools than we have the resources to receive. We keep on asking ourselves, "Shall we, perhaps, exclude the girls and admit the veterans? Or shall we exclude the veterans and admit the girls?" What a curious attitude! As Chancellor Robert M. Hutchins of Chicago University remarked, "Imagine a minister of a church being flustered and worried because too many people are trying to get into his church!" Yet here we are, panting, asking not, "How shall we organize our collective will to admit all who want education?" but "Whom shall we exclude?" Here we are, setting up a sort of education of scarcity.

We speak of education for all. We make a cult of American youngsters—a cult of the kids. We watch them coming home from school. We say, "There goes the future of America." We grow nostalgic about our school days. We look at the movie screen when a baby's face is thrown on it and we say, "Oh" and we say "Ah." We make a cult of the kids—the American kids. Yet when it comes to the question of passing a Maternity Insurance Act, we are not there. When it comes to the question of passing a Wagner-Murray-Dingell Health Services Act, we are not there. When it comes to the question of passing a minimum wage act, we are not there. Yet the kids need school lunches, and the kids need medical services, and the kids need cohesive families, and the kids need food and clothing and decency. "Rid your mind of cant," Samuel Johnson once said. Well, we ought to rid our minds of cant and hypocrisy on the cult of kids. To paraphrase a famous statement by Lord Acton, we might say that "all hypocrisy corrupts, but absolute hypocrisy corrupts absolutely."

Why do we have these conflicts? Why are we powerless to resolve them? These groups whose inventory I have made compose pretty nearly 90 percent of the American people. Why cannot these 90 percent fashion their own destiny? Why are we caught?

One answer, I think, is that America is still in the grip of its ruling minority groups—those whom I like to call the "movers and the shakers"—those who use corporate power and a complacent press and an embittered and bewildered Congress and an unholy alliance of Tories in both major parties, in order to defeat the democratic will. Why do they do this? Out of malevolence? I think not. They do it out of fear. They do it out of a compulsion to hold on to their power in a world all of whose landmarks seem to have disappeared. They are like the Emperor Jones in Eugene O'Neill's famous play, the Emperor Jones who found himself caught at night in a jungle, surrounded by phantom shapes and sinister whispers. The rustling of every tree was full of menace; every shadow seemed to conceal a dagger. Finally, when morning came, it found the Emperor Jones dead of his own bullet. Our ruling groups look at a world whose economic, psychological, and political foundations have been shaken beyond all recovery. From Britain to Spain, from Yugoslavia to the Middle East, from China to India, they find restless popular movements they do not understand. At home they see a similar ferment at work among the labor unions, the Negroes, the returning soldiers, the news-

papers, the radio commentators. In their fears they strike out. They use Congressional investigations and witch hunts in order to suppress dangerous thoughts. They try to suppress that competition of political ideas which, in America, constitutes real freedom. They try to achieve the "government by deadlock" by which the will of the majority in Congress can be paralyzed.

It was not always thus in American life. That was not the way our fathers founded our institutions. It was not thus that they explored and opened the continent, built the railroads and factories, sunk shafts into the mines. It was not thus that they created the universities. It was not thus that they fashioned American democracy.

We have nothing to fear, if we but rise to our full height and strength. We know that the basic stuff of the American people is sound. We know that where our children have a chance to grow up without poverty or heartbreak, they grow up straight and strong. We know that where we have been able to wipe out physical slums, we have also done a good deal to wipe out mental slums. We know that where the people have had access to information and where competing ideas have been presented to them, they have made the right choices.

Nor are we trapped. We have the great tradition of American history from the American Revolution and Thomas Jefferson and Andrew Jackson through the New Deal—the movements of radical democracy. We have the example of what a social construction like the Tennessee Valley Authority has been able to accomplish. We have the example of what we could do in creating community services during the war and acting collectively as we never did before. We are not, and we need not be, a stagnant economy. We know that on a rising curve of economic production and a juster curve of economic distribution everything is possible, and on that curve social conflicts can be resolved, and no conflict is insurmountable. Without it every molehill of a conflict can become a mountain. It is no longer a question of whether we know the techniques. The question is whether we have the collective will to use them! We have come out of the war terribly strong, the biggest power in the world. We flex our muscles. But let us not forget that with a nation, as with a person, what counts in the end is not the wealth and power that it possesses, but the single animating idea which possesses it.

We must become a society or we cease to be a democracy. What do

I mean by "society"? I mean something more than 140,000,000 individual atoms tumbling around on a vast American continent. I mean a people who form a cohesive unit because they recognize that the things which bind human being to human being are stronger and more important than the things that separate American from Russian, white from Negro, Christian from Jew, Protestant from Catholic, veteran from civilian, native born from foreign born, citizen from alien, Democrat from Republican, Southerner from Northerner.

This is not idle sermonizing. It has been tested by history. Germany was one of the most technically advanced, most productive, richest, most powerful, most educated nations in the world. The Germans broke their sense of society. The crime of Nazism is not only what the Nazis did to their liberals, trade-unionists, Jews, internationalists, intellectuals. There were also the men who sat by, powerless to act, fearful to speak out, paralyzed, watching the persecution and the slaughter. It was in them that the sense of society was broken. A sense of society is terribly easy to break, given economic crisis, political deadlock, world chaos. But it is one of the hardest things to build in any nation. Even wealth and power are far easier to build. But without a sense of society you can have no great civilization. And under the modern conditions of atomic energy, I would add that without a sense of society you cannot even have a world.

We should have made a great discovery by this time; the discovery that we do not solve problems by political or economic systems alone. Capitalism alone, or socialism alone, or individualism alone, or collectivism alone—these cannot resolve the tortured plight of man. We can have inhumanity with capitalism and inhumanity with socialism. The thing that counts is whether the economic and political system has behind it a sense of human responsibility of man for man; whether it is an ethical capitalism, whether it is a moral socialism. Thorstein Veblen used to describe our capitalism as being tied together by what he called the "cash nexus." But neither the cash nexus nor the power nexus can be of any avail when what mankind needs is the human nexus. We live in the time of the fragmentizing of the human conscience. In that time the greatest task is to build up the connective tissue that links man with man. I mean the connective tissue by which we feel in our deepest hearts that when a Negro is lynched, all of us are lynched; when a boy or girl is excluded from equal schooling because of religion or race, it is all of us who are

excluded; when a Jewish refugee is kept from the place where he can bind up his wounds, it is all of us who go wandering around the world.

That is what I mean by a sense of society. That is why the term "social worker" not only designates a profession, but can be a badge of honor. That is, as I understand it, what Dean Kenneth L. M. Pray, of the Pennsylvania School of Social Work, meant when he said that social work in this revolutionary age is not merely a specialized thing, but is woven into every part of our national life. For the real social worker not only works in his field of competence with individual cases of poverty and malnutrition, of twisted minds and twisted bodies and twisted faiths, he must also work with the twisted relations of the whole community. He must help build and rebuild men's sense of society.

Defined thus, I would say that many people are social workers who are not generally considered such; the government economist, the labor conciliator, the teacher, the worker with veterans, the administrative planner, the Senator who fights for civilian control of atomic energy, the progressive Congressman, the social inventor who constructs new forms of social control, the rare diplomat who helps hold people together rather than splitting them apart. They are, in the broadest sense, social workers, because they are workers in the sense of society. For that reason social work can be one of the most comprehensive and exacting of disciplines, requiring the knowledge of the whole man and the whole society. Properly speaking, it can be more crucial than statesmanship. For at the time of the forming of nation-states, from the sixteenth to the eighteenth century, statesmanship was the highest art in the world. But, today, at the time of the breaking of nations, the great need is for inner cohesiveness within nations and outer fraternity between them. The great study is no longer, in Adam Smith's phrase, "the wealth of nations." It is the health and fabric of society within nations and between nations.

SOCIAL WORK IN THE NEW ECONOMIC SCENE

By Ewan Clague

SOCIAL WORKERS during the past decade or more have been increasingly conscious of a fundamental dilemma. In thousands (perhaps millions) of individual cases, in hundreds of different ways, social workers are providing services and assistance to people. Yet the conditions of life in our modern economic society are creating additional millions who need attention. So the job seems never ending, and the problem appears insoluble.

Social workers are not the only group of people who find themselves in this position. The doctor examines his patient and prescribes more rest, better food, a trip to the seashore, and, above all, "don't worry." The facts are that the sick man has no job; he did not earn enough money to feed his family properly when he was working; he has no savings with which to take a vacation; and he is the sole support of the family. The physician's prescription will not be followed, and the doctor will have a continuing patient. The church is continually wrestling with the problem as to whether the "good life" can be achieved by reforming individuals or whether some efforts should be made to improve the general social environment. Lawyers attempt to settle thousands of individual disputes, but sometimes they wonder whether some improvement in human relationships might not be brought about by passing another law.

This circle (if I may be permitted to shift the metaphor) cannot be broken. We cannot commit ourselves 100 percent to the improvement of the social system while ignoring the plight of individuals. Neither can we devote all our energies to individuals without making any attempt to improve conditions. It is more realistic to say that our goal is to enlarge the circle—which means that there are times when social action is the best method for making progress, while there are other times and circumstances in which working with the individual is the only thing that can be done. The adaptation of the individual to the social order is a perpetual problem. Social workers

will always be dealing with individual cases, but we should also continuously take stock to determine whether certain general social and economic policies would better serve to improve the situation.

Let us be more concrete. One vast area of social work is concerned directly with the problem of people who are temporarily out of work and, therefore, deprived of income. When we add all the indirect consequences of unemployment, the dimensions of this particular problem become still greater—it looms as perhaps the greatest social problem of our time.

So we find increasing public attention being centered on this problem, not only as a social problem involving destitution among individuals and families, but also as an economic problem, reflecting business ill health or well-being. Indexes of production, carloadings, foreign trade, building construction, and other long-standing economic series are beginning to take second place to the most important economic series of all—those showing employment and unemployment. The cry of the workers for full employment is an outgrowth of the events of the last two decades. In the 1930s more than half the families in this country suffered serious unemployment or underemployment at one time or another. By contrast, the 1940s, in war-time, have demonstrated how “full” employment can become under favorable conditions. Some of the legislative issues involved in full employment have been seriously debated in the Congress in the past year; but this is merely a prelude to the bitterness with which the problem will be debated during the first business setback which this country experiences. Fortunately, we may have a little time during which we can, if we will, think our way through the problem and determine what ought to be done. As social workers and as citizens, we have a vital interest in this matter. Of course, we are not numerous enough to have much influence on the decision which the nation as a whole will make, but perhaps we can make some important contributions, if our own thinking is clear and if there is some consensus among us as to the primary objectives to be achieved.

The first point is that practically everybody is in favor of full employment. Business men do not like depressions any better than workers do. Farmers want the city workers to be fully employed at high wages in order that they can buy farm products at high prices. Bankers would rather make loans than call them. Governments—Fed-

eral, state, and local—are in favor of conditions which bring about large revenues and reduced appropriations. So there is no issue about the goal of full employment—everyone wants it.

Yet, bad times do come eventually, not because anyone wants them, but because we do not seem to be able to prevent them. The second point on which we should be clear is that depressions are born out of prosperity. Is it a shock to realize that we are right now laying the foundations for the next depression? Do you realize further that some of the steps best calculated to bring about that depression are being taken by people who have little or no awareness of what they are doing? Finally, there are still other measures serving a genuine social interest today which will tend to produce serious economic consequences in the future. Even with full knowledge of these consequences, we might still want to continue meeting our immediate postwar problems, meanwhile hoping that somehow we can mitigate or even avoid the results.

So the basic question is not whether we want full employment. The real issues are: How do we get full employment? How do we maintain full employment? What shall we do if we do not get it?

How do we get full employment? Can we make good on the slogan "a job for every man who wants one"? The answer is yes—under certain conditions.

In the first place, it is possible to get substantially full employment under a completely controlled economy. In Russia, for example, there is no need for unemployment insurance; if a worker is out of a job, he can immediately be shifted to another job somewhere else. It might be necessary for the government to pay transportation expenses, and it might be necessary to provide the subsistence needs of the family if the shift required a little time. The point is, however, that if the government controls both production and the labor market, it can come fairly close to assuring 100 percent employment.

The immediate response of most Americans would be that this is too high a price to pay. Businessmen would oppose government control of production; American workers would oppose government control of the labor market. We would be unwilling to take the steps necessary to bring about full employment by this method.

We were, however, impressed by the substantially full employment under our wartime economy. We did have plenty of jobs during

the war, and the number of unemployed fell to the practically irreducible minimum of less than a million at any one time. Does this promise something for the future?

The answer is no. A war economy operates like a furnace under a forced draft. There is tremendous government spending, amounting to nearly half the national income. But the products of this spending are blown up on the battlefield or otherwise destroyed in the pursuit of victory. The vast war output does not flow back into production in the form of more goods for people to use. Under peacetime conditions, we would get the equivalent of this situation only by destroying a lot of our output each year, simply in order that we might make more in the following year. Is there any likelihood of a rational people doing any such thing?

Furthermore, even a war economy works well only temporarily. The patriotic stimulation of saving through bond purchases, the willingness to work longer hours, the patriotic incentive which brings millions of nonworkers into the labor market, the joy of doing without things in order to win the war—all these are effective for a few years only, in the feverish heat of war. They could not form the basis for a long-sustained economy, even a war economy. So this method of getting full employment will not do.

Third, there is the possibility that the problem could be solved if unemployed workers would take jobs in any occupation and at any wages offered. Take the present situation, for example. There are today literally millions of unfilled jobs. There are several million persons unemployed. Why not persuade the unemployed people to take the jobs? (To be explicit, I venture to say that there are in every large city many thousands of openings for domestic servants. The hours are long, the work is isolated, and the wages are not exactly high.) As a matter of fact, this is the solution that was advocated by the classical economists of a century ago, and by some of their modern survivors. Let the unemployed forget about wages, let them take such jobs as exist, and not only will their unemployment problem be solved, but the nation as a whole will be kept at work. This would be an economy of perfect competition, one in which all maladjustments would be corrected speedily and painlessly.

Does this plan offer any hope? I am afraid not. The modern economy is not perfectly competitive. It is not even reasonably fluid. Let us recall 1929. After a unhealthy boom, a break occurred, far-reaching

enough to affect practically all phases of our economic life. There was no social security program to ease the pressure on the workers to take jobs; there was no bank deposit insurance system to prevent the failure of "unsound" banks. For three and a half years business went down and down. When the bottom was reached, nearly one third of the nation was out of work. Furthermore, there was still ahead the long pull upward, involving more years. No, the economic system does not adjust itself quickly enough to prevent unemployment, destitution, and starvation.

So we will not get full employment in the substantially complete sense, because the people of this country would not be willing to establish the conditions under which it could be achieved. Neither a controlled economy, nor a continuing war economy, nor a perfectly competitive economy is a practical possibility.

How could we maintain full employment if we did succeed in getting it? Instead of talking about ideal full employment, we might drop down to the reality of the moment. We do not have full employment today, but there are less than three million persons out of work in a total labor force of some 55,000,000—scarcely 6 percent. Instead of reaching for the stars, we might concentrate on maintaining the *status quo*, considering this level of unemployment a reasonably good attainment in this imperfect world.

This can undoubtedly be done for a while. Our wartime shortages are very great; it is estimated that some of them will continue for several years. There may be shortages of agricultural products up to the harvest of 1948. The clothing supply will be generally inadequate at least through 1947. It seems probable that the automobile industry will experience a heavy demand for at least four or five years. Housing is so far below the nation's needs that it may require five to ten years for us to catch up. So perhaps we shall have no serious problem of unemployment for a long time to come.

Happy we would be (in an economic sense) if this golden age would last for decades. But this is not the prospect. The present prosperity is developing within itself certain stresses and strains which will eventually overturn it. There is the danger that rises in prices and in values will destroy the purchasing power of people's incomes. These price increases, if long continued, will eventually reach a point at which the incomes of the people are inadequate. Many of us remember the so-called "buyers' strike" in 1920, which brought about

the 1921 collapse of prices after the first World War. This can happen again.

In the intermediate future, there will be a more deep-seated problem, namely, how to adjust the economy when the wartime shortages are made up. We shall be exceedingly busy during the next four or five years making automobiles, houses, radios, and scores of other commodities. Consumers will be clamoring to buy, while producers will be trying to hire labor to make more goods. But eventually there will come a time when the people will not want to buy many more cars, nor will they want to purchase more houses at existing prices. When that time comes, we are likely to repeat the experience of 1929—layoffs, short time, falling wages, declining prices, and all the other symptoms of a major business depression.

Finally, in the still longer future, we shall experience emerging employment and unemployment problems which are inherent in our present economic system. For example, there are the older workers—the men or women between the ages of forty-five and sixty-five. During the war they were able to obtain employment. Even under present conditions, their prospects are reasonably good. Nevertheless, it is significant that the unemployment claimants in local employment offices today are heavily weighted with these older workers. In one city, it was reported by the state unemployment compensation agency that more than 60 percent of the male applicants were over forty-five years of age, while only 6.6 percent were under thirty. As the years go by, these older workers will find job-getting increasingly difficult. One of the most serious problems in this country is the problem of how to fit these millions of older workers into our industrial system. This is all closely related to the problem of rapid change in our industrial processes. The continued mechanization of agriculture seems likely to lower the costs and raise the incomes of farmers, but it may eliminate several million farmers and farm workers from agricultural pursuits. The age of invention and of labor-saving machinery is not over; we may even be in for a new wave of mechanization.

There is no assurance that present levels of employment can be maintained into the indefinite future. On the contrary, all evidence points in the direction of more serious unemployment problems in the years to come. In fact, all the evidence points toward an unstable

economy, especially during the next decade or two when the nation will readjust itself to peacetime conditions.

It may be that we shall discover new methods of correcting economic maladjustments. If so, we may avoid a repetition of the great depressions of the past. However, there seems to be no emerging consensus of opinion among economists, businessmen, government officials, labor leaders, farmers, or any other classes, as to the measures which would bring about continuous stability and full employment. If you are interested in noting the extent to which economists differ on this question, I recommend that excellent volume *Financing American Prosperity*, published by the Twentieth Century Fund. On the other hand, if you want to discover how far apart our various other groups of thinkers are, all you need to do is read the daily papers.

What can we do if we do not achieve full employment at all times? Let us assume that we shall continue to have a certain amount of unemployment under the best of conditions and not too much unemployment under the worst conditions. The goal of social policy should be to minimize unemployment as much as possible by such measures as we are willing to accept. This line of thought will bring us eventually to the question of what direct action should be taken by the Government in the event that private industry cannot provide enough jobs. We are not now in that situation. In the next few years, perhaps, private enterprise will offer enough jobs to take care of 95 percent of those who want to work. Even the remaining 5 percent may not be out of work too long; most of them will find other jobs eventually. In other words, unemployment may remain at about the lowest level that is consistent with normal labor turnover and industrial change under peacetime conditions.

But let us imagine ourselves at the turning point when wartime shortages are over and goods are flooding the shelves of the retailers, the period when large-scale industrial layoffs will occur. This is the time when some type of government action may be essential, and it is toward that future crisis that we should now be planning. In fact, it would be the part of economic wisdom to hold back during the next few years any private or public projects which could be safely postponed. Yet those projects must now be planned if they are to be put into effect when a business downturn occurs. Furthermore, these projects must be large in scope and long in duration, because a major

economic readjustment usually lasts for some years; it takes time for a business community to reconstruct after a crash.

In this discussion of government projects, I mean useful, valuable public enterprises which are worth while in themselves; I am not talking about made work. This condition in itself, of course, is a limiting factor in the job-giving possibilities of such public works. It may seem easier to set up special last-minute projects of the Work Projects Administration type, with particular emphasis upon the number of men who can be put to work. I would not for one moment deprecate the splendid work performed by the WPA in the period from 1936 to 1940, when so many millions of persons were employed on WPA projects and so much worth-while work was done. Yet we should never confuse a makeshift program of this sort (which was necessary because there was no advance planning prior to the last depression) with a real work program which is planned far in advance and which will meet the test of being a "sound" investment of public funds.

Under a program of this latter type it would not be possible to give work to all the unemployed. A real fitting of jobs and men takes time—in government as well as in private industry. A vast public works program by Federal, state, and local governments could give much employment, and could assist in stabilizing the economic system, but we should still have to reckon with the fact of considerable unemployment, perhaps for long periods of time.

There is one other limitation in a public works program which must be clearly recognized by its advocates. Public spending on public works can be effective in improving current economic conditions only if the public spending constitutes an addition to, and not a displacement of, private spending. This does not mean that "public work should not compete with private work." Public work may often compete with private work without in any way hampering business activity in general. For example, a state highway department may decide to repair the roads by hiring the workers as state employees. If so, the private contractors would not have an opportunity to repair those roads under private contract. The government work takes away some business from the contractors, but the expansion of productive activity brought about by the repairing of the roads would be practically the same in either case. From the point of view of the

economy as a whole, the state is free to choose that method which seems most advantageous to it.

The situation is quite different, however, if the Federal Government undertakes to make products which compete directly in the market with the products of private enterprise. For example, if the Government should expand employment by putting the unemployed to work making mattresses, then the expansion of government employment might result in the displacement of a comparable number of privately employed mattress makers. There might be no net gain at all in employment for the nation.

Of course, any public work may, in the long run, compete with some private enterprise. When the community builds a bridge across a river, a ferryboat which has been operating at that point may be forced to go out of business. This is all right, inasmuch as bridges furnish better and faster transportation than ferries. But the really significant point to be borne in mind is that it takes a year or two to build a bridge, during which time the ferry is still operating, while many workers are employed in bridge construction. The significance of public projects as work-givers is greatest in those types of project that require a long time to construct, long enough so that their entrance into active use occurs during the following recovery and prosperity period. Such projects truly add to employment in depressions without displacing labor elsewhere.

In the light of these limitations, it is fully apparent, first, that public works, designed for the purpose of offsetting a business depression, must be planned far in advance and must be timed as carefully as human foresight can divine; and, second, such a program could never hope to provide jobs for all the unemployed at any time.

There are skeptics who argue that such human foresight is not possible—that we cannot foresee depressions, or prosperity either. It is my own opinion that something can be done in that direction. Perhaps the most significant accomplishment of the full-employment legislation which now exists is that it provides for the first steps in planning for future emergencies. This planning may be poorly done at times; it may be inadequate at best; yet it is my conviction that it promises the brightest hope for the future. If we do fail several times, we at least may learn how to plan better.

Public works and public spending are directly under the control of

the Government. This is really a form of planning by the Government for its own functions. I would assume, however, that a simple public works program would be accompanied by other planning as well. Here, too, much more can be done than has ever been done in the past. The greater the forethought, the better the prospect that the nation can meet these problems without last-minute, emergency improvisations.

We should recognize, therefore, that maintaining high employment at all times will be a difficult, even an impossible, task. The best we can hope for is that in prosperity periods unemployment will be comparatively low and that in depressions we can prevent it from rising too high. Unemployment is inherent in business change and economic progress. We can minimize it, but we cannot prevent it. Is there anything else that can be done?

Yes, there is something else. Why is unemployment such a disaster? Is it because it is a condition of not-working? Not necessarily; there are many forms of not-working which are recognized as desirable: periodic vacations, shorter hours per week, time spent in school or in training, etc. It is the interruption of income and the lack of future job prospects which upset the unemployed worker and his family. A guaranteed income could make unemployment a period of relaxation, retraining, or recuperation. Can we not effectively mitigate the chief horrors of unemployment by guaranteeing the income of the worker and his family during such a period?

This is the function of social security—of unemployment insurance in particular, but of other forms of social insurance as well. If the family income can run on, even though at a reduced rate, the worker may be able to make his unemployment into an opportunity for a better job. In any case, he can wait it out until his old job opens up. Since unemployment insurance is far below the level of wages under ordinary circumstances, there is a continuing incentive to return to work. Yet with the help of such savings as he may have, the worker can keep his family going during unemployment. Social workers, perhaps more than any other group, can appreciate the extent to which a social security program on an insurance basis can relieve the economic fears and insecurities so prevalent in family life.

It is sometimes said that social security will sap the independence and initiative of the worker so that he will tend to reduce the family living standards to the benefit rate and desist from further efforts to

find work. It is conceivable that some workers might do this, but in eight years of paying unemployment benefits we have seen strikingly little evidence of any such tendency. In actual fact, do not most of the incentives run in exactly the opposite direction? Despite the existence of old age insurance, the records show that the purchase of private annuities has expanded enormously. I do not know of a single progressive insurance salesman who does not build life insurance and retirement programs for his clients upon the foundation of Federal old age insurance. What we need is an expanded and improved social security program that will provide workers with minimum protection against the major risks of economic life. That is one of the best methods of making the present economic system work satisfactorily.

Social security in the form of unemployment insurance does more than passively protect workers and their families against wage loss. It serves a positive, constructive purpose in promoting the efficiency and productivity of the economic system. If a trained social worker should be out of work next month, would the economic interests of the nation be best served by pushing her immediately into a domestic service job? Not at all; it is true that she would soon be at work, and there would be no visible unemployment. But there would be hidden unemployment; for she would be doing work far below her highest skill and perhaps at wages considerably below her normal earnings. There would be a true economic loss to the nation in this underutilization of her skill. One social worker might not be important to the nation, but multiply this example by millions of industrial workers, and you can see how important such a loss might be. It simply is not true that at all times and in all circumstances it is better to have people at work than to have them unemployed and looking for jobs. A reasonable period of unemployment that eventuates in the placement of the worker at his highest skill is more productive in an economic sense than immediate placement in a job at a lower skill. The result is better for the worker and better for the economy. If social workers agree with this reasoning, they will have no difficulty in recognizing the fundamentally constructive contribution which social security can make to a well-functioning economic system, and they will have no hesitancy in supporting proposals for an enlarged and improved social security program.

Does all this seem too prosaic and limited? I have pointed to no millennium and to no panacea. I look forward hopefully to a world of

international peace abroad and of prosperity and productivity at home. I foresee rising wages and a rising standard of living for American workers. In my opinion it will be great progress if the next depression is shorter and shallower than those we have experienced before; it will be progress if unemployment can be kept within reasonable bounds; it will be progress if, in any event, the more serious consequences of unemployment can be overcome. Finally, I would expect that there will be an increasing need for social work and social workers as administrators of social security programs and as expert consultants on many aspects of human relations. The world in which we live grows steadily more complex; we shall need increasing skills to make it work well. If our problems are great, so are our opportunities. We have a good chance to make this world a better place in which to live than it has ever been before.

POSTWAR PERSPECTIVES

By W. S. Woytinsky

TO VISUALIZE THE ECONOMIC SETTING for planning social work in the coming years, one fact of paramount significance should be kept in mind: we are at the beginning of a postwar economy. This statement may sound tautological. Does not a "postwar economy" necessarily follow a war, just as war is necessarily preceded by a period called "prewar economy"? However, when I describe the coming economic era as a postwar economy, I am not thinking merely of this chronological sequence of events, but of the deep and lasting repercussions of war on our economic life.

The problem may be reduced to the question of the extent to which the war will affect long-run economic trends. Should we consider the war boom of 1942-45 as only a temporary deviation from an economic pattern firmly established in the 1930s? Or has the war generated new economic forces powerful enough to launch a new economic cycle more or less like that which followed the first World War? In other words, what is the normalcy to which we are reconverting? Do we reconvert to the *status quo ante* in the 1930s, or are we entering an era like that of the 1920s?

To answer these questions we must re-examine our interwar experience. When we look back on the Coolidge prosperity and describe it as a "postwar expansion," when we label the great depression of the 1930s as a "secondary postwar slump," we are using more than a new terminology. Indeed, we are attempting to explain the spectacular ups and downs in recent economic history as repercussions of the shock imposed by war on the economic system.

Moreover, the question of the impact of war on economic trends may be studied on a much broader scale. Four times in the last 150 years the peaceful life of the United States has been interrupted by major wars: the War of 1812, the Civil War, the first World War, and the most terrible, the most destructive of all, the second World War. In our economic history, the first three of these wars loom up as milestones. Each of them caused considerable dislocation in economic relationships, each resulted in concentrating and speeding up eco-

conomic processes and sharp fluctuations in business conditions. Each was followed by particularly violent postwar booms and postwar depressions.

This effect of war on economic trends is natural. A war disrupts continuity, destroys the economic fabric of the nation, upsets the equilibrium of economic forces, undermines the traditional economic relationships expressed in prices, wages, production costs, and distribution of the national output. As a result, a postwar economy starts with general confusion, and its characteristic is lack of balance and stability.

But this is only one side of the picture. Each war opens new frontiers for economic expansion. A brief period of uncertainty followed the Civil War in 1865-66, but very soon the forces of expansion prevailed in the North, and an era of prosperity developed to heal the wounds left by the war. This prosperity degenerated into a boom, with an unprecedented peak of production and of national income in 1872, followed by collapse in 1873. The ensuing depression was more destructive than any slump the United States had ever experienced.

After the first World War economic developments followed a similar pattern. A brief time of confusion immediately after the Armistice, in the winter of 1918-19, gave way to inflationary expansion, with a runaway rise of prices and an orgy of real estate speculation. Like every inflationary boom this ended in a collapse of prices and a violent contraction of economic activities, the primary postwar depression of 1921. An unexpectedly rapid revival then opened the era of prosperity and expansion that lasted until the autumn of 1929 and was followed by a new collapse and a new depression.

The similarity of the course of events after the two wars is striking. In both cases there were two setbacks—a minor setback related to the liquidation of inflated prices and speculation soon after the end of the war, and a major setback about ten years later—separated by an intervening era of rapid expansion. The relationship between the war economy, on the one hand, and the postwar inflation, its liquidation, and the following expansion, is direct and clear. The relationship between war economy and the secondary postwar depression many years later is more complicated.

The direct aftermath of a war economy is a general shortage of consumer goods combined with an accumulation of purchasing power, ample opportunity for investment, and wide margin of profit. All

these factors favor the postwar expansion of the economic system. The lack of balance in postwar economic relations leads to excesses of inflation and speculation in the early phase of expansion and makes necessary a liquidation; hence the primary postwar setback. But expansive forces generated by war cannot be exhausted in a short time; hence a rapid revival and a new period of prosperity stimulated by technological progress and changes in the geographic distribution of population and production. The new methods introduced during the war for mass production of munitions and other military goods gradually find their way to peacetime industries. Exceptional opportunities develop to expand and improve cities and means of transportation. A continuous rise of prices is by no means a condition of economic expansion after the war. Inflation is a short-run stimulant with depressing aftereffect in the initial phase of postwar economy, in the period of acute shortage of goods and services and suddenly freed surplus purchasing power. But after the first buying rush is over, inflated prices go down, and the inflationary boom ends—as it must necessarily—in liquidation.

However, the expansive forces generated by the war are too powerful to be exhausted in the initial expansion or to be paralyzed by the subsequent setback. On the contrary, the end of the inflationary boom marks the beginning of a steady industrial expansion. This was the characteristic feature of the revival, both in 1868 and in 1922. The expansion that follows the liquidation of the postwar inflation does not preclude cyclical variations in business conditions. It may be made up of a business cycle, with a long and steep ascending slope and a comparatively mild setback (as after the Civil War), or it may consist of several cycles, each with more of expansion than of contraction, as in the 1920s.

The described pattern of postwar expansion, with two unequal waves and a characteristic trough—the primary postwar setback—between them is plausible enough. Less clear is the origin of the final collapse of postwar prosperity, like that in 1873 after the Civil War and in 1929 after the first World War. The question is whether such a collapse and the subsequent deep and long depression are a direct consequence of the war economy, or the result of dislocations accumulated during the expansion. In other words, assuming that expansion necessarily follows the war economy, does a long and deep depression necessarily follow the period of prosperity? Or can we have a postwar

expansion—perhaps somewhat less spectacular than in the 1920s—and avoid a depression like that in the 1930s?

Careful study of the prosperous 1920s reveals that practically nothing was done at that time to stabilize the national economy. The nation was not aware of the deep economic dislocations that were developing from the spree of stock exchange speculation and the continuous injection into the economic system of billions of dollars gained in this gambling. On the eve of the collapse, in the summer of 1929, stock exchange speculation was the most lucrative—practically the only lucrative—industry in the United States. It yielded returns five or six times greater than the combined profits of all industrial and commercial enterprises, including manufacturing and mining, utilities and railroads, trade and insurance, finance and services. The whole nation was in the red, and its debts were covered by stage money, fictitious stock exchange profits. The prosperity of the late 1920s was only a fool's paradise. The unavoidable collapse of the security markets was bound to set a chain reaction in motion.

The severity of the depression in the 1930s is explained by the extent of the dislocations accumulated in the preceding decade. Was that the only type of industrial expansion that we could have after the first World War? Or could the nation have expanded its production without indulging in the excesses of speculation? If we can answer these questions, we will know more of the economic dangers that now confront us and the ways of meeting them in the coming years. Even if there is a general law that nations, like individuals, have to pay for foolish acts, there is no law that requires them to act foolishly.

Since we do not know what our economic policy will be, nor how consumers and producers will behave in the coming period of economic expansion, we cannot visualize with certainty its final phase in, say, the late 1950s. It is, in fact, difficult to foresee what will happen after the expansive forces originated by the war are exhausted. However, we know or can foresee a few events with reasonable certainty.

We know, for example, that we are now in the expansive phase of the postwar economy—more precisely, at the very beginning of the postwar expansion, at a point roughly analogous to the summer of 1919 after the first World War. We can foresee, with sufficient certainty, that this time the initial phase of expansion will last somewhat longer than it did after that war. In fact, this time the initial recon-

version has been accomplished more smoothly; the rise of prices has been less inflationary; measures have been taken in advance against excessive speculation; the whole situation is better balanced. For all these reasons the present phase of expansion is likely to last longer than two years. However, it cannot last indefinitely. Prices are inflated, the economic system is being invaded by throngs of enterprises created to take advantage of the reconversion. Sooner or later prices must go down in this country as in the rest of the world, and their fall will probably become a signal for the liquidation of inflationary enterprises. The exact timing of that downward adjustment of prices and the general housecleaning—which is another name for the primary postwar setback—cannot yet be predicted, but it will hardly come sooner than three years after the end of the war. Without forecasting its severity, we may foresee that it will not be so violent as that in 1921. In brief, we may anticipate in the not too remote future, perhaps in two years or a little more, a mild setback that will mark the end of the postwar inflation.

That setback will hardly last more than four to six months, and it will probably be followed by a new expansion analogous to that which started in 1922. This timetable may be wrong, but as a rough approximation it seems plausible that the phase of the postwar cycle analogous to 1923 will not be reached before 1950. Again, without venturing any definite prediction of subsequent economic developments, we can appraise roughly the expansive forces which then will dominate our economy. They may be measured by the size of the stored purchasing power, that is, by the liquid savings accumulated during the war, preserved throughout the postwar inflation, and ready to flow back into consumption as a powerful stimulus to production and investment. It is not too much to expect that the amount of postwar savings still available in 1950 will be about ten times as much as in 1923, after the end of the primary depression which followed the first World War. Then the United States will face a long ascending slope of economic development. The chances of expansion in the 1950s will be incomparably greater than in the 1920s, but the danger of failure also will be much greater. This nation survived the depression of the 1930s, but the American way of life could hardly survive a new depression of equal severity. Several new factors, however, justify hope of a favorable outcome.

One important new factor is our relative success in curbing infla-

tion during the second World War and during the months since the fighting stopped. The system of economic controls reduced dislocations in our economy, preserved from depreciation the savings put aside during the war, and proved the ability of the nation to handle economic forces. This newly acquired ability will help us in the coming phase of primary expansion, in the subsequent setback, and most of all in the period of expansion which will follow this setback; it will help us in dealing with taxes, hours and wages, foreign trade, investment, public works, and so on.

Another new factor is that the nation is better equipped to handle social problems. Social turmoil after the first World War was kindled by the lack of public understanding of the problems of veterans. Apart from difficulties in the field of housing, this time we have succeeded in avoiding that mistake. So far the immediate shock of industrial and military demobilization has been cushioned by the social security system, which did not exist after the first World War, and by the G.I. Bill of Rights.

Let us have no illusions: The Ship of State will have rough sailing in the sea of the postwar economy. Even if the sailing will not be quite so rough as it was after the first World War, when we sailed without maps and navigators, extreme watchfulness will be needed to avoid the shoals that are spotted on the maps now in our possession and, still more, to traverse deceptively calm straits. This time, however, we have the knowledge whereby we may reach the goal. We have successfully passed the first danger spot, industrial and military demobilization. So far, unemployment has been comparatively light; its further decrease is in sight; and we envisage full production and full employment within a few months. But the difficulties are not over; the most exigent tasks and the greatest dangers are still ahead. We will hardly meet their full force before the end of the 1950s.

The pilot of the Ship of State and his advisers will have to watch for at least four danger spots: (1) the price rise that is now in progress and threatens to become increasingly dangerous during the next year or two; (2) the contraction of production and mass layoffs that will become imminent in a comparatively near future, in the primary postwar setback; (3) the deceptive lull of prosperity that is likely to follow this primary setback; and (4) the secondary postwar depression that will follow the period of expansion if it is permitted to degenerate into a boom. On the other hand, as has been pointed out, several

factors may help us to progress safely: our economy is better balanced now than it was after the first World War; price inflation has not reached such large proportions; speculation is being kept under control; and the nation is better prepared to handle its economic and social problems. The United States, then, has a fair chance of enjoying a long period of prosperity and full employment with only minor cyclical setbacks if—and this is a big if—it is willing to make use of its knowledge in peace as well as in war.

THE HOUSING PROBLEM

By Hugh R. Pomeroy

THE FACT THAT THE NATION is 3,000,000 houses short of the number that it needs is the result of accumulated deficiencies in housing production ever since the first World War. We should have been building from 1,000,000 to 1,250,000 houses yearly in that period in order to satisfy the need for new homes and gradually to replace substandard housing. Actually, we never did reach the million mark in any one year: production reached the peak of 937,000, in 1925, and dropped to 93,000 in 1933. From 1920 to 1940 we averaged 485,000 new houses a year. The rate was about three quarters of a million homes yearly in the 1920s, and only a third of that in the 1930s, although our population had increased substantially. In fact, during the 1930s we built houses only two thirds as rapidly as new family units were established. So acute was the housing shortage even prior to the war that from 1930 to 1940 more than 400,000 additions to our housing consisted of living space in the backs of stores, in warehouses and garages, improvised shacks, boxcars, and tents. As a matter of fact, many more than 400,000 families were sheltered in such makeshift quarters; that figure represents net additions to the housing supply over the decade.

With that housing deficit we came up to the defense period and then to the war, and over a span of more than five years we built only as the emergency dictated. Private builders and public agencies together were responsible for tremendous accomplishments in the building of war housing. Vanport, a temporary war-housing town of about 11,000 houses, with a population of 40,000 persons, is the second largest city in Oregon. Richmond, California, had a population of 23,000 in 1940. Nearly 29,000 war houses were built in Richmond, adding nearly 100,000 temporary residents to the city. The Hampton Roads area of Virginia—from Yorktown to Dismal Swamp—had, in 1940, 94,000 dwelling units (47 percent of them substandard, by the way). The capacity of that supply was stretched to the utmost, and 50,000 more houses, both public and private, were added in the defense and war periods. These are but three of a host of possible illustrations. But

with all the spectacular accomplishments in the provision of war housing, the total building throughout the country was only about 2,000,000 in over five years. About a quarter of that number are temporary—to be taken down as soon as we get through using them for the families of returning veterans. So, actually, the rate of increase in the net permanent additions to the housing supply was little higher than the deficiency rate of the 1930s. Moreover, the new homes were abnormally distributed, since their allocation was determined by war production needs.

With war prosperity and war-worker migration came a thinning out of families that had doubled up during the depression—and it was only because of such doubling up that the housing shortage was no more acute during the 1930s. With undoubling, a continuing increase in the population, and a continuing deficit in house production, we were able to endure the situation during the war only because 11,000,000 persons were called into the armed services. Now most of them are back. Deferred marriages are taking place like popping popcorn. The children born during the period of high birth rate immediately after the first World War are now coming into the mid-1940s at the marriageable age. All these factors together produce the most acute and widespread housing shortage in the history of the country.

We had a war to win and we deliberately imposed on ourselves a continuation of deficit housing production. The National Housing Agency knew what was happening and had planned for the gradual resumption of normal building as rapidly as decreasing war production requirements would permit. Then the atomic bomb moved up V-J Day by over a year and a half. On top of that, popular demand forced an accelerated demobilization rate, and the whole people and its government joyfully began to throw off wartime restraints. The sobering-up process and the retracing of steps recklessly taken (e.g., restoration of nonresidential construction limitations) have occupied many months—and that delay has further accentuated the housing shortage.

What kinds of house make up the housing supply, so far as condition and quality are concerned? In 1940, through the housing census, the nation for the first time in its history had an over-all picture of the housing supply. In 1940 there were 37,300,000 dwelling units in the country: 29,700,000 nonfarm (urban and rural nonfarm) and

7,600,000 farm dwellings. Of the total, 44 percent were owner-occupied and 56 percent, renter-occupied. Of urban dwellings only, 37.5 percent were owner-occupied; of farm dwellings the percentage was 53.5. The median age of all dwellings was twenty-five and one half years; 13 percent of all dwellings were over fifty years old.

According to the census classification of "needing major repairs or without private toilet or private bath," more than 38 percent of all nonfarm dwellings were substandard. By the same criteria, more than 92 percent of all farm dwellings were substandard. If we should say that the farmer can take a bath in the wash tub or the creek, and can obtain other comforts in what a zoning ordinance would call an "accessory building"—in other words, if we take as the criterion of a substandard condition for farm dwellings only the need of major repairs (and there is no good reason why we should)—still 34 percent of all farm dwellings were substandard. None of these figures takes into account a substandard condition by reason of either overcrowding or deficiencies of environment; they relate only to the physical condition of the dwelling.

All that was prewar. What happened during the war? A while back the Census Bureau brightly reported that the total housing supply had improved during the war. In a limited statistical sense, yes—in that virtually all the 2,000,000 dwellings constructed during that period had private toilet and bath facilities. In terms of other criteria, such as construction, arrangement, etc., the quality of the additions to the supply was low, and lack of maintenance and repairs during the war impaired the quality of the previous supply.

So, we not only have a quantitative shortage of 3,000,000 houses, but more than one third of all the houses we do have are substandard per se. How is it that, with our unparalleled technical knowledge, with the highest average level of living in the world, with American progress, all of which we claim with justifiable pride—how is it that over a third of all our houses are markedly substandard? How is it that 50,000,000 of our people live in houses that are a denial of our boasted high living standards, in houses that range all the way from just under a reasonable minimum standard down to almost unbelievable squalor in our worst slums?

This situation may be expressed in another way: about a third of our people do not have incomes sufficient to enable them to buy or rent the decent housing that is available in the normal housing mar-

ket; in other words, decent housing costs too much for a third of our people to have it. I do not propose to discuss the economic and social implications of that fact. I am dealing only with the fact itself, as indicated by family incomes in relation to the cost (either rental, or purchase and maintenance) of available housing. For this lower income third of the population private enterprise has not, heretofore, produced any decent housing; and public agencies have produced only an infinitesimal amount of public housing (thus far, a little more than one quarter of one percent of the total housing supply).

Another third of the population is in what may be called the "middle-income" group. This segment of the population is outside the normally accepted field of public housing. At the same time, very little new housing is provided for this bracket in the normal housing market. There should be no opprobrium attached to the term "second-hand housing": every house is second-hand after the first occupancy. The difficulty lies in the fact that the long-used house—and I am speaking of the average middle-income house—is likely to have suffered from lack of adequate maintenance over the years. The "filtering-down" process is valid through only relatively small segments of the economic scale: if the house was originally built for higher-income occupancy, it can become available for use by families of considerably lower income only through depreciation (or as a result of an uneconomic oversupply), and then it suffers further as a result of inadequate maintenance. Added to all this is the fact that much of the second-hand housing supply, even if sound per se, is located in neighborhoods where the homes are laid out in designs that are no longer appropriate, or in areas that have deteriorated as a result of the encroachment of conflicting uses, or the impact of traffic, or inappropriate densities of population, or other deleterious influences. In many respects the middle-income segment of the housing market (as representing need, rather than effective demand) is the most difficult to serve with adequate housing.

The upper-income third of the population is normally provided with an adequate amount of satisfactory housing. It obviously represents the most profitable segment of the market, and the area of service by private enterprise has been enlarged and strengthened by such devices as mortgage insurance, through the Federal Housing Administration, and by the operations of the agencies of the Federal Home Loan Bank Administration.

While the amount of new housing may be sufficient for the upper-income third of the population, normally an insufficient part of it is produced for rent, as against sale. While not differentiated as among income groups, the over-all figures of new rental housing in relation to renter-occupancy are illuminating. At the end of the 1930-40 decade 56 percent of all housing was renter-occupied, but during that decade only 20 percent of all the new housing was produced for rent.

I offer the following as the essence of a housing policy for the nation, to be reflected in appropriate local, state, and national programs:

1. The objective of a housing policy for the nation is the provision of at least adequate housing for all persons.

2. Adequate housing means good houses in good neighborhoods.

3. The provision of adequate housing is primarily and overwhelmingly the responsibility of private enterprise, and the area of operation of private enterprise, operating as private enterprise, should be greatly enlarged by various facilitating measures.

4. There is a public responsibility for the provision of decent housing for those whose incomes are too low to enable private enterprise to provide it for them at costs that they can afford to pay.

The keys to any successful program in furtherance of such a policy are: (a) enlargement of the area of profitable operation of private enterprise; (b) continuation of a reasonable program of public housing; and (c) the production and maintenance of good neighborhoods.

Committees of the United States Senate during a period of more than a year undertook a thorough examination of the nation's housing needs, and the Senate has passed a bill declaring a national housing policy and implementing it. The provisions of the bipartisan Wagner-Ellender-Taft bill are too well known to require summary here. Suffice it to say that they express the foregoing thesis to the fullest practicable extent that present experience and foresight make possible. The bill provides a series of measures designed to make it possible for private enterprise to move extensively into the middle-income segment of the housing market and ultimately into the lower-income segment. In addition to devices directly facilitating the operations of private enterprise, the bill provides for research, directed in part toward the production of better housing at lower cost. It provides for effective aid for urban redevelopment, opening to private enterprise a field hitherto almost exclusively confined to the operations of pub-

lic housing. It provides for a modest continuation of aid to localities for public housing: the bill is geared to the continuing production of about 1,250,000 dwelling units per year, of which one tenth for the first four years only would be public housing. It also provides for the beginning of a practical program of improvement in rural housing.

Under the bill the aids to private enterprise, except for urban redevelopment, would be generally available throughout the nation. The aids to urban redevelopment and to public housing would be available only in those states and territories which have enabling legislation that authorizes localities to receive such aid. The Wagner-Ellender-Taft bill, if enacted into law, would provide the comprehensive answer, so far as the Federal Government is concerned, to the question of what we can do about the long-continuing deficiencies in the nation's housing supply.

What about the present critical shortage, with production in low gear, with shortages of essential materials, with the whole building industry beset with uncertainties, and with prices straining to rise? It is indeed an emergency, calling for emergency action. Congress has provided most of the answer in enactment of the Patman bill, embodying various of the temporary measures proposed by Administrator Wyatt's veterans' emergency housing program. They are abnormal measures, and the more quickly they are taken the more quickly we can dispense with them. These measures, too, are so well known that they require no summary here. They are directed primarily toward the energetic stimulation of the production of materials and the production of houses. With volume production once under way, its continuation in a manner to serve the various segments of the housing market will be assured by the measures embodied in the Wagner-Ellender-Taft bill. The latter, in short, is a means of assuring that the housing situation will cease being a concatenation of emergencies.

The responsibility for an effective housing program is not confined to the Federal Government. And the responsibility of the states is not confined to authorizing their localities to accept Federal aid. The State of New York is blazing a trail in housing that is worthy of being followed by other states. Thus far, only Illinois seems inclined to join the Empire State in this area of larger responsibility. States' rights are valid only as they are expressed in state responsibility; and

state responsibility should include state financial participation in housing programs.

Finally, houses are not built on a theoretical national or state "level," but on the ground, in neighborhoods, in urban and rural communities. The quality of the housing supply of the nation depends, not only on the intrinsic quality of houses, but on the quality of the neighborhoods in which they are located. The assurance of satisfactory environmental quality is primarily a local governmental responsibility, through the appropriate processes of local planning.

The limits of this paper preclude a discussion of what planning is—as a means of community determination; of how it is expressed—in objectives, plans, and standards; of how these are derived; of how they are made effective; of the processes of local housing market analysis; of housing need in relation to demographic trends; of how urban redevelopment may be made more than merely a fresh start toward deterioration and decay all over again.

Much less is there opportunity here to analyze the quality of environment—not only to set down objective standards, but also to try to capture those elusive qualities that express some of the deeper longings of the human heart and that may have more lasting validity than mere standards of street width and lot area and room size. Do we yet know more than a small part of what we ought to know as to the relationships of standards of dwelling unit design, of site planning, of neighborhood layout, to the nurturing of fuller individual development, of richer family life, of more satisfactory community living? These things, too, must guide a housing program.

Let our cities be magnificent in the sight and memory of man; let them first be kindly in the lives of their people.

COMMUNITY PREROGATIVE AND THE INDIVIDUAL

By A. Delafield Smith

THE INDEPENDENCE and unplanned, unregimented, freedom of action of its rich and powerful members is not the test of a free society. The test of a free society will be found in the scope of right and privilege preserved to, and possessed by, its weakest elements; those who are under the greatest pressure to surrender their independence. As the late President Roosevelt said in his message to the Congress of January, 1944, "We have come to a clear realization of the fact that true individual freedom cannot exist without economic security and independence."

I recognize that progress entails temporary compromises with popular conceptions and that fictions and paradoxes are inevitable until basic attitudes change. Nevertheless, it is important to know what is fiction and what is truth. We need to realize, first of all, that this combination of security and independence and freedom is possible only through the operation of law. The search for freedom without legal obligation leads to conflict and insecurity, and the search for security without legal rights leads to serfdom.

Now, as the basis of a claim, law and gratuity are antonyms. He who provides a gratuity is a benefactor. He who must satisfy a legal claim is an obligor. These capacities are antipodal. Then let us be fully aware of the essential challenge in the phrase "the right to assistance." The agency becomes an obligor and not a benefactor. Presumably, this entails a rather basic change of attitude. But in that reversal of capacity the agency will gain immeasurable and much needed freedom for itself within the community. It will find comfort only when it can say, "Mister, I do this, and I don't do that, because this is the law and that is not the law."

Tradition asserts that economic aid is by nature a gratuity and that the use of the tax power for this purpose makes the community or its government a benefactor. Actually, every basic social and civic service—that is, services in which the government is not acting in a

proprietary capacity—has much the same history as it emerges from a voluntary service to a basis of public obligation and individual right. Police protection is among the first. Fire protection closely follows. Education has become more and more a community necessity. Then comes economic security as an early step in preventive services. As laws and ordinances are adopted under which the claim of each and every member of the community to any service will be considered, the service comes to be administered on the basis of the individual's need for it and to be paid for from the general fund. Government properly administers its services on the basis of need. Need thus furnishes the measure of the individual's right or benefit. The service is properly paid for, however, through a scientific system of taxation. If the individual who pays no taxes commensurate with his draft upon the public service can be deemed the recipient of a gratuity in the case of one such service, he must logically be so treated in the case of every service.

The attempt to define the individual's right or benefit in terms of his tax-paying capacity is nowhere more incongruous than in the field of economic need; for economic need is greatest where economic capacity is least. Obviously, you cannot ultimately relate benefits to earnings and still relate them to need. To say, however, that this axiom precludes the establishment of economic security as a universal legal right is to deny the efficacy of law in the preservation of a free, balanced society. If constitutionally protected legal rights could not be created except for earners or for a consideration, few of us could ever acquire rights in proportion to our obligations. Individuals gain freedom and independence when their obligations are geared to capacity and their rights are geared to need. In seeing to it that essential rights are preserved in the absence of capacity, social security helps to preserve a free and resilient society.

Actually, then, public assistance is even more deserving of being described as social insurance than a more selective security system; for assistance programs frankly pay in relation to need and are financed by taxation. That, to me, is true social insurance. It is social security.

The question today is whether we are going to provide security without the sacrifice of individual independence and under conditions that will foster individual freedom, or whether, on the contrary, the provision of security will continue to foster the feeling of de-

pendency, and the sense of being a ward of a benevolent government. The answer to this question depends upon whether we are going to provide security as matter of law, and this in turn depends upon our ability to sever the service of security from the whole train of irrelevances with which it is traditionally associated.

Now this problem is, of course, basically one of attitude and of almost legendary conception. If, then, in comparing traditions or traditional conceptions my words should appear to be biased, take it that I am pleading for law as the essential basis of social security compatible with individual freedom, and offering it as the only ultimately sound expression of community prerogatives. Law is often the only effective answer to sporadic views and attitudes that either have not themselves been written into law, or can be shown to be incompatible with accepted legal principles, even though statutory language is cited in the effort to make them seem authentic.

On the one hand, we reach back to the fact that private groups were wont to concern themselves with specific problems in which they became humanely interested. This tradition of problem differentiation was carried over into the public field. In contrast, one thinks of law as developing under the aegis of government and therefore as having to develop a science of objective classification of individuals in answer to the challenge: Is this legal equality? Is this equal protection? Can you square your treatment of this individual with what you have done about that one? Secondly, we have, by tradition, associated need generally with personal inadequacy and moral weakness as well as with mental or physical incapacity. Is there not in this an assumption of irresponsibility, in contrast with which the legal tradition adamantly assumes or premises the mental and moral responsibility of the individual? For example, if lack of responsibility by reason of mental incapacity be established in any case, then it will be supplied through guardianship by operation of law.

Illustrating these points, we have in the process of classification excluded children from a welfare or assistance program because, among other reasons, they do not live with a relative, or because they live with alien relatives, or because they have been placed with relatives of a different religious faith, or because they are not legitimate, or because of a general disapproval of the home environment, or because they do not go to school. Some of these exclusions violate basic legal criteria of classification, such as constitutional law requires, for the

Constitution demands laws that give equal protection to individuals. We have classified our children in terms of the sins of their parents. They are identified in statutes as children of alien, or unmarried, or deserting, or criminal, or drunken, or incarcerated, or otherwise delinquent parents.

For the adults themselves, there is even more concern about behavior and attitudes than there is in the care of children. Should we or should we not give assistance to a person who drinks too much—who is idle—who fails morally—who appears unwilling to do the utmost for himself—who lives in an unsuitable home—who fails to pay his rent when due—who fails to perform his other obligations—who chooses to live in an unlicensed establishment? Should we or should we not give assistance to one whose relatives might but do not support him? (In these latter cases we have the wrong individual under our thumbs, if we are to use the withholding sanction effectively.)

What the individual does in each case may be quite legal. The behavior in question has not been outlawed. One may drink unconventionally yet not illegally. For the most part, one may buy in this country what one wishes or enjoys. Idleness alone is not subject to punishment. There is a right to strike. Debtors no longer go to jail. One may even be immoral without violating the law. All in all, the process of carrying the charitable tradition into the public forum seems to have implied an authorization to public administrators to devise a behavior code of somewhat higher standards than public law has found it feasible to enforce. This reminds me that the law does not wield this sanction of withholding assistance. And in the above situations ordinary legal principles, if applied, would not sanction such a sanction.

When I first came across an unsuitable home provision I found no real difficulty with it because I was legally and not traditionally trained. I simply turned to recent cases in our higher courts to find under what conditions a child would be removed from his home. But I had not reckoned with tradition. Why a child without means of subsistence should be allowed to stay in a home regarded as unsuitable, I have not been able to determine. Moreover, if the failure of the parent to accept rehabilitation services disqualifies the child from receiving help, and you cannot remove him, the situation strikes me as pathetic. Following tradition I cannot decide whether a child "de-

prived of care and support due to the neglect or depravity of the parent" is rendered eligible or ineligible by these circumstances. One side urges the neglect; the other, the depravity.

Of course this is not security, and it is not equality in any legal sense. This is the kind of thing that has given the word "welfare" an acrid flavor. It has set "charity" over against the "law." It distinguishes "right" from "need." It has made an old age "pension" acceptable, but old age "assistance" in the same amount and on the same terms unacceptable. It demands social "insurance," though the only insurable "hazard" is the bare fact of an empty cupboard. These are but words, words, words. No doubt they are also materials for a study in social psychology. In any event, they afford clear evidence of the struggle that is going on between human dignity and human need.

Because security is a prime necessity in the life of every individual, for the sake of which most individuals will sacrifice all else, insecurity is an evil independently of its cause in a particular case. Therefore, it is as inconsistent to condition assistance or security upon personal adequacy, whether of mind or body or of attitude or of behavior, as it is to condition it upon tax payments. You cannot, of course, condition assistance upon behavior and still use it as an instrumentality to bolster the individual's freedom of action and feeling of independence. You cannot buy behavior, under a democratic ideology. We obey the law because we have to, or because we wish to, but not because we are paid to do so. As for morality, you cannot buy it. You cannot even compel it by force.

To achieve its objective of promoting the individual's self-confidence and independence, security must be provided as a matter of law. The great value of law for this purpose is its bland objectivity. Under law, behavior is attacked within feasible limits only by direct and positive action. Legal rights do not depend on behavior. Law never seeks to buy behavior. It seeks to give rein to moral law. It seeks to allow the individual to benefit or suffer from his choices and sacrifices as freely as possible. This is quite inconsistent with the idea that behavior should enlarge or diminish legal rights. Law insists that the free exercise of rights is essential to democratic equality.

I would follow this principle to its limits. I prefer compulsory school laws to conditioning assistance on school attendance, and I prefer to support such laws rather than bargain for attendance through public

assistance. If we get to the point of underwriting a minimum standard of living throughout the country, presumably, for obvious economic reasons, we will have accompanying medical care and rehabilitation facilities. The ultimate question, therefore, is whether as a practical matter it is necessary to differentiate employable and unemployable persons on an authoritative basis. I should hope not. The program differentiation should follow from the mere fact that different individuals need and hence demand different things.

Traditionally, however, public assistance has concerned itself with the individual's behavior but has been relatively unconcerned with the fact that he who seeks security as a suppliant must master the arts of beggary. The individual may still fare better by an appeal to conscience than by an appeal to law. Public assistance has even varied the amount of its benefits in relation to the expenditure choices of the individual, forgetting that this, of necessity, involves the agency in dictating the limits of those choices and, perhaps, in guaranteeing the results. I think of moral law as indicating the power of the individual to make decisions and choices, provided he accepts the inevitable sacrifices that his choices entail. The voice of prejudice asserts that economic assistance in some way alleviates the sanctions imposed by this moral law or saves the individual from its consequences. I am afraid that traditional practice has tended to lend encouragement to this point of view. Obviously, if it were true in any sense that public assistance protected the individual from moral retribution, it would be all the more important that we should lay the foundations of assistance firmly in human law; for law inherits its objective attitudes from moral and spiritual sources.

Obviously, social workers, who have justified for themselves that faith in the individual upon which the whole undertaking rests, are gradually making headway against tradition. Convinced that the individual's conscious belief in his own security is of vital importance amid the irresistible economic currents of this age, they point out that merely seeing to it that human beings do not lack the requirements of decent living is by no means the ultimate objective. They realize that social security, to fortify the hearts and minds of men, must be established on a basis of legal and financial certainty. It must be conceived as a part of our normal legal environment and not as a smug social prescription for the faults and failures of its protégées. We must regard the quality of legal rights quite as highly as the quan-

tity of economic rights. Rights that give mental and emotional security must be firmly founded in law.

As a people we gather basic strength from the reign of law. There are two quaint Americanisms that succinctly express our feeling on this matter. The first is the statement, "I got my rights!" The other is its corollary: "I ain't never had nothing that wasn't mine by rights." On these two stalwart declarations hang all the law and the prophets. They are keys to our morale.

Moreover, in order to maintain a free society under modern conditions security must be framed in terms that respect one's sense of autonomy. Individual choice must remain uncontrolled, unprejudiced, and free. We require the type of assurance that fortifies, but does not seek to govern, our wills.

Now when we speak of right and law, let us be clear about one thing: we are talking of law on its home grounds. It is generally true that law has not been applied to welfare enterprises. To be sure, welfare enterprises have always been highly esteemed by the courts for their useful and benevolent undertakings; but because gratuities and legal rights stand in opposition to one another, welfare enterprises have not been regarded as the law's concern. Of course, courts are seldom appealed to in welfare. The appeal of a general relief recipient to the courts would still cause surprise. He would fear to lose what security he has. He would not be so fearful, however, if he were standing on his rights and not asking favors.

The courts, in the absence of express legislative mandate, have abstained from the welfare field. They have not applied the basic legal guarantees either of legal procedure or of equal protection. When confronted with the issue the courts have said that the provision of assistance is in the nature of a charitable provision or gratuity, that is, above the measure of the legal right of the individual. In this attitude the courts mirror social conceptions. Legislation has, so far, failed to refute effectively this conception. Even as I wrote these words I picked up the regional attorney's report of a decision in a state court of last resort in an assistance case. It read:

It will be noted that the court cited the case of *Lynch v. U.S.* and concluded that as the Government had set up provision for a gratuity, given as a matter of grace, it has full power to vest in an administrative agency authority to determine whether the requisite conditions are met and to deny resort to judicial review.

Now what does this mean? First, it means that welfare administrators and their programs have not been brought within the purview of our common law. Welfare administrators are still regarded as wielders of a general delegation of responsibility to represent the social conscience in relation to various groups of unadjusted humanity. Their activities are a kind of administrative appendage to our legal economic system. Public assistance bids fair to come within this general classification. It has not been saved by relationship to the rest of the social security program, for other security programs have, by one emphasis or another, sought to avoid the stigma of gratuity.

It means that procedures essential to insure equitable or equal treatment are not legally requisite. The programs are cut off from procedural *expertise*, for law is expert in procedure. The Social Security Act specifically invoked the judicial hearing requirement as a means of countering this situation. But this provision has fallen before traditional attitudes and preconceptions and the lack of objective standards. Nor has the equal protection principle been applied; the door has been opened wide to those who would arbitrarily select the worthy beneficiaries of their largess and yield to political pressures. It has been possible to define covered groups capriciously and to treat eligibles unequally. The courts have not questioned this process.

What is true of eligibility is even more true of treatment. It often happens that one individual in need may be made the beneficiary of cash, while another in like circumstances, from the legal standpoint, is either wholly excluded or is merely furnished orders for groceries, or other commodities, or for certain services. Bills have been drawn for the purpose of dividing blind individuals into two groups, one of which would include those who have some private resources, and the other, those who have substantially no resources. On this basis it was proposed to grant a uniform monthly pension to individuals in the first group, without relation to the varying amounts of their private resources, while each member of the second group would be required to establish his particular need for every cent allowed him on the basis of an individual investigation. The purpose of this novel idea was to secure Federal participation in the payments made to members of the latter group, while relieving the more affluent group from investigation of their need.

In the third place, welfare statutes themselves have not obtained

judicial interpretation. Many provisions retain their traditional non-judicial interpretations. These meanings are based on social preconceptions; for the human mind works that way. It is quite impossible for a lawyer to say what these discretionary provisions mean. If you wish to know what a welfare statute means, you will learn more from an experienced social worker than from a lawyer.

A community provides itself with a government. Having organized a government, it should speak and act through that government. Its government commits the community both to procedure and to principle, and that to which the community commits itself is law. The community does not easily or lightly commit itself. Law is born amid travail, but when law is born it properly displaces both benefaction and malefaction. It provides the simple phrase or answer, "Mister, it's the law." There you have the present dilemma. Law not having been established in the field of social work, the community still speaks directly and not through its duly constituted authorities. Now when the community speaks directly, it speaks with a confused, discordant voice. Prejudice sounds off with as much apparent authority as though it were law, and law remains silent. Social workers ask what answer they can make to the community when they cannot say "this is the law." We can get no footing from which to support our clients. We come into contact with law only at the level of the police power, where logic and reason are less in evidence and law itself is most arbitrary and authoritative.

We demand solutions. We must recognize that the conflict arises between conditions essential to real security and traditional conceptions and attitudes. We must live through this era of fiction and paradox before we can outwardly proclaim the truth. But there are some things we can do.

First, we can deliberately discard, one by one, these traditional interpretations that are not required by law but that grow out of our own involvement with tradition. These are not legal or judicial interpretations. They are not consonant with judicial criteria. Obviously, we are as free under law to discard them as we were to adopt them.

In the second place, we can refuse to exercise a discretion given by a statute when the exercise of that discretion would involve moral judgments, that is, suprallegal or suprajudicial judgments of people. Moral judgments are authoritative judgments. Penal law is authoritative; but the more authoritative it becomes, the more objective it

seeks to be. We can avoid being subjective and authoritative at the same time. Subjectivity is all right for diagnostic purposes; for it is the method of research. Objectivity is essential to administration.

Psychiatric findings of mental incompetency should be submitted to a court before they are authoritatively used. Certain public agencies have caused individuals to present themselves to a court and to ask for guardianship, as the condition for receiving public assistance. Such an individual must allege that he is mentally incompetent, or at least wasteful, through idleness or debauchery. One is tempted to ask how, being incompetent, he knows he is incompetent. If he does not, but the agency does, then how can one say he is voluntarily conceding the issue of his competency?

Legislatures may be relied upon, at present, not to compel traditional practices inconsistent with a body of statutory law which is constantly becoming more objective. A number of assistance laws today contain only objective criteria of eligibility, and at least one such law actually writes in a definite authorization to the administrator to classify all eligible individuals in accordance with objective factors that necessarily affect the cost of a given living standard. It simply was not done.

In the third place, we should seek by every means at our disposal to get into our assistance statutes, expressly and specifically, the statement that the benefit is not to be construed as a gratuity but as the creation of a right socially and economically justified and subject to judicial review and interpretation and to the constitutional guarantees of due process of law and equal protection of law as any other right. The effect of this would, of course, be to delete the type of discretion that lays administrators open to community comment, and to open for them the doors of the court. All in all, would one prefer to be tried by a court or by the community?

In the fourth place, we can work for basic certainty and objectivity in all assistance administration. This will be obtained if standards are framed in accordance with costs determined on as broad a basis as possible, a basis wholly unrelated to individual expenditure patterns. Only thus will we secure really valid standards. Then, in the application of these standards, we should see that no variations are made except in terms of classifications developed on the basis of objective factors, wholly independent of individual choice or volition, and significant only as variants essential to provide the equivalent of

the standard in a given type of situation. You will thus force individual choice and volition back upon the individual, where it belongs, and bar it from a public agency, where it does not belong.

We need, moreover, to recognize that this whole issue of behavior is symbolized by the idea of public wardship, and that the role of a guardian responsible for another's behavior is authoritative, not professional. Anglo-Saxon law avoids governmental management of individuals. It leaves them to manage their own affairs unless they are found incompetent in a judicial proceeding; in such a case, personal supervision is provided for by guardians amenable to the courts.

If the individual is actually as important as we conceive him to be in a Christian democracy, must he not be assured of the legal capacity to realize upon the rights and opportunities which democratic law makes available to him? There are only a limited number of incompetent people in any group, and there is no fiscal reason why they should not be classified for assistance purposes on a basis which will provide for them the legal services to which they are entitled. The relief of physical handicaps is known to be expensive, and the treatment of mental handicaps must be regarded as even more so. The mentally handicapped are entitled to judicial as well as medical service. Only in this way will social workers maintain their professional status and avoid being considered guardians merely because they are social workers. It is not democratic to leave the duties of private guardianship to government officials and employees. The state has many relations with the individual citizen, and their respective interests are not always in true harmony—unless we adopt the fascist point of view. The state can, in a sense, act as the guardian of all of us, but the state cannot in a democracy properly act as the guardian of particular individuals—not without forfeiting our hope of a fundamentally free and independent society.

I realize, however, that the provision of private guardianship for those who otherwise lack legal capacity will involve basic changes in social practice. Parentless children are still widely dealt with in a manner wholly unbefitting their dignity and importance as individuals. The custody and cultural development of tens, nay hundreds, of thousands of children are still assigned to people, such as foster mothers and keepers of boarding homes, who do not assume a legal responsibility commensurate with the trust reposed in them. Reliance is placed upon the continued supervision of the representatives of

public agencies who treat the child as a ward of the state. The child has no champion of his individual rights and interests, no one who cherishes him above all others. Under the circumstances, the purpose of social security in giving the child an independent income is not realized, and he remains a public ward and lives under an institutional regimen. I think every child who has no natural guardian should have its legal substitute. The institution of private guardianship is one of the cornerstones of a free society.

We must make mankind and his security the business of all branches of government. We cannot continue to delegate our consciences to "superintendents."

THE PUBLIC WELFARE AGENCY IN AN INSURANCE WORLD

By Robert T. Lansdale

THE FINANCIAL NEEDS of old people, of the unemployed, of dependent children, and even of the sick, will be met in large part by the insurances in the future. As a matter of fact, the insurances are meeting a greater part of the financial need today than we appreciate. In New York State alone, the social insurances are caring for the following:

Old age benefits	77,000 persons
Survivors' allowances	95,000 families
Unemployment compensation benefits	375,000 persons
Workmen's compensation	100,000 persons

This is the load of the public assistance rolls in New York State:

Old age assistance	104,000 persons
Aid to dependent children	27,000 families
Home relief	48,000 families
Aid to the blind	3,000 persons

We see from these figures that the number of persons and families who are receiving benefits from social insurance greatly exceeds the number who are receiving financial aid through public welfare channels. Related to this situation is the fact that during the war period with the consequent lightened load of financial assistance, our public welfare agencies had an opportunity to re-examine their function. This was especially true in what New York State calls "home relief," or general assistance.

Public assistance is only one part of public welfare. Throughout the United States public assistance programs were overhauled during the period that began with enactment of unemployment relief measures and included the passage of the Social Security Act and parallel, conforming legislation in the states. I believe we can say that, by and large, the states have reorganized effective systems of administering public assistance, at least for the three major categories under the Federal Social Security Act, though we still have a long way to go

in general assistance. The states arrived at the present stage of development through a long process. We faced an emergency. We set up new agencies. We got permanent Federal legislation. Then we reorganized, rewrote our laws, and re-established our agencies. It was a fifteen-year process.

In my opinion, the chief responsibilities of the public welfare agency in an insurance world are some of our oldest responsibilities, namely, child welfare, care of the aged, medical care and hospitalization, and what I shall call "rehabilitation."

Under child welfare I include the care of dependent, neglected, and delinquent children and special services to handicapped children. In general, our state systems of child welfare are in chaos. Many states have dual systems on the state level, while in the localities there are sometimes three or four systems. Moreover, we have created difficult complexities in dealing with the child himself. We have involved in child welfare the courts (primarily the children's court or the juvenile court, the local public welfare agency, the public schools, and the private schools, and, of course, the private agencies. We have layers and layers of overlapping responsibilities. We have confusion. We have competition.

At the state level are different state agencies servicing those many and varied local agencies, and there is little integration, if any, in their approach. In some states a state public assistance agency and a state child welfare agency still operate side by side. In other states there are actually two systems of child welfare, each stemming from a single state agency. Unfortunately, the Federal grants for child welfare services, limited as they may be and valuable as they have been in improving services to children, have, in some instances, been more administratively confusing than constructive where they tended to set up a dual system.

Then again, child welfare functions are carried on by at least three Federal agencies—the Children's Bureau, the Bureau of Public Assistance of the Social Security Board, and the United States Office of Education. I could add to this list a number of emergency agencies, which are gradually withdrawing from action.

Child welfare needs have been dramatized. Child welfare is good copy for the periodicals and for the daily newspapers. Juvenile delinquency, adoption, and similar subjects demand public attention

these days; but we have inadequate machinery to meet today's responsibilities.

There is the problem of juvenile delinquency. The statisticians cannot prove whether an actual increase has occurred or not. It does not matter. We all know that the problem exists. Despite the fact that concern for the causes and remedies of juvenile delinquency has been a welfare function for decades, the first public state institution for juvenile delinquents was established by the New York State Legislature just 100 years ago. How much do we know about the treatment of juvenile delinquency? There is confusion in our local agencies. There is confusion between the courts and the treatment agencies. There is a serious dearth of real information as to how the problem should be attacked.

We come to the adults. It has been said that the public welfare agencies will "lose their grip on the aged"; indeed, there is no question but that the financial needs of old people will more and more be covered by the insurances. There is also no question but that we have problems involving adults—and I use the term "adults" rather than "the aged." There are persons who may have money to provide the basic essentials yet have no place to obtain those essentials. There are persons who need domiciles, who need a little care, who need to get away from their grown children, persons who supposedly will never get well, persons who may be well one day and then sick the next.

In our campaigns to establish old age assistance the slogan "Abolish the almshouses" was most effective with our legislators. Unfortunately, some states took it too literally and did abolish their almshouses, but New York State is fortunate that it did not close the county homes. The county home population, even though there are 107,000 individuals on old age assistance, has not declined at all since New York's old age assistance law went into effect in 1931. The county homes are more needed today than they ever were.

Then there is the problem of boarding homes for the aged and, worst of all, the problem of an insufficient supply of nursing homes. The lack of nursing homes is not a problem for welfare recipients only. I know of a woman who has more money than she can spend, but she cannot find a place for an aged aunt who needs a certain amount of care and can no longer live in her own home.

The public welfare agencies and the private agencies will have the immediate responsibility for those persons who need some aid—financial, social, or medical. It is a problem that faces all society. It is a very real problem to the legislator and to the citizen. It is a problem which involves other agencies. Our health departments, our departments of mental hygiene, and our tuberculosis agencies all have a kindred responsibility.

Closely related is the field of hospitalization and medical care, including the care of the mentally sick. Historically, this is a public welfare function. Even when there is a big state department, as in New York, to bear the major responsibility for the hospitalization of the mentally ill, public welfare must still carry its share of the responsibility. As a matter of fact, it is, in many instances, a very real and concrete responsibility. What of the person who, for want of a better name, is called a "senile" but who does not require expensive treatment in a mental hospital? Is that person to be placed in a nursing home? In a new type of county home? Or where?

Then there is the problem of the tuberculous. Many of us assume that because special state departments provide for the care of the tuberculous we can forget about them. We cannot. The social aspects of the care of the tuberculous have been neglected. The educational job, the follow-up, still falls on the public agency.

Next is general hospitalization. By and large the states have made little progress in terms of state-wide programs. A few states, such as Louisiana, have assumed full responsibility for general hospitalization, but in most instances the provision of hospitals has been sporadic. In New York State, for example, there are some communities which are overhospitalized and many communities which are underhospitalized. There has been no planned, state-wide pattern.

All the states are, or should be, engaged in hospital surveys, anticipating action on the Hill-Burton bill. In New York State the survey is a joint enterprise of health and welfare agencies, including the voluntary groups. The Hill-Burton bill, using the pattern of the Social Security Act, requires that a single state agency make the survey and administer it. Three state agencies in New York State have responsibilities in the field of hospitalization. None of them, Health, Mental Hygiene, or Social Welfare, wanted to be the single state agency. So Governor Thomas E. Dewey designated the Postwar Public Works Planning Commission as the single state agency and estab-

lished under it a Joint Hospital Board composed of the heads of the three departments mentioned.

Now, "rehabilitation." I use this word in perhaps a rather technical sense, but all the states are engaged in rehabilitation programs, both for the civilian and for the veteran population. While some of us may be irked, both with the formality of labeling cases as "rehabilitation" and with the elaborate processes involved, I think it is a great stimulus to us in terms of other people whom we cannot label as rehabilitation cases but for whom we have just as much responsibility. In the programs flowing out of the Barden Act I believe we have the pattern for dealing with more and more of the people who come to the public welfare agency. We have the participation of educational bodies, of public health bodies, of public welfare bodies, and even, in New York State, of the courts, in dealing with the handicapped and their rehabilitation.

We are rendering service to people, and in many instances we have been doing it for years. In spite of the elaborate statistical systems in New York State, there is still no way of counting the number of families who come to public agencies and are served but do not receive "assistance." During the war period, the agencies had the responsibility of assisting selective service boards. They aided in investigations of dependency allowances, which were not primarily in the direction of extending financial aid. And in some states a public agency established a definite service:

Blue Earth County, Minnesota, for example, has recently hired—rather the county welfare board has recently hired—a social worker who will spend all her time on family service cases that do not involve public assistance or formal child welfare service. The worker will get leads on cases from schools, police departments, churches, community organizations, and any other source. The county welfare board finds a surprising amount of maladjustment in homes in this postwar era, and many leads on such situations have come through visiting teachers and churches. The police department has turned over a number of young potential delinquents, and investigation has showed that very often home conditions seem partly responsible for the tendency toward mischief. This is a rural county with only one small city in it, and the board has not been outstanding for its progressiveness in the past. That they have recognized this situation and dealt with it in this practical way is some kind of indication of a future need—or that at least is my guess.¹

¹ Material supplied by Louis Towley, of the Minnesota Division of Social Welfare, St. Paul.

I think many of our public welfare agencies are being called on more and more, especially in communities where there are no private agencies, to render that type of service.

In New York State we are providing another type of service, through our public agencies, which will formally go into effect the first of January, 1947. Where the town is willing, a welfare officer or service officer will be made available, primarily to furnish information to persons in the town. In New York State, I might add, a "town" is the equivalent of a New England township. It is a geographical subdivision of a county, and its lines are carefully drawn on the map. A town may contain several villages, and the county governing body is made up of one representative from each town. Under New York State's welfare plan, responsibility for the investigation of need will be assumed by the county staff, but, in turn, the town welfare officer will be a point of application for persons desiring aid, regardless of what the category or type of service may be.

The word "application" usually implies a long form. We have in mind a simple application form for recording. We visualize the town welfare officer or service officer as a friend and aide of the people in that community, as a person who is always accessible as a point of orientation and guidance. We are including in the informational services basic information, particularly on old age and survivors insurance. Moreover, at the Town Welfare Officers' Training School (a three-day concentrated training school) at Hobart College, in the summer of 1946, two instructors sent by the Federal Bureau of Old Age and Survivors Insurance will give the town welfare officers fundamental information on insurance.

What are we going to do about these problems? First, as public welfare people we must get our own house in order. Every one of our problems involves other agencies, public and private. We have responsibilities, and some of those responsibilities we have to straighten out. That is what we are trying to do in New York State. Our reorganizations will provide that in every county and city in the state there will be an integrated program of public assistance, child welfare, and adult institutional care. The staff of a single agency will be responsible.

We can all be thankful for what President Harry S. Truman has done along this line in the Federal Government. I take pleasure in quoting the President:

To illustrate, State welfare departments now depend on both the Bureau of Public Assistance in the Federal Security Agency and the Children's Bureau in the Labor Department for funds for child-care activities. Similarly, State health departments obtain grants from the Public Health Service for general public health work and from the Children's Bureau for child and maternal health activities. All of these grants involve the establishment of minimum standards and a measure of Federal supervision. The transfer of the Children's Bureau programs will make it possible to develop more consistent policies and procedures and to simplify dealings with the States. This will eliminate needless inconvenience for both parties and enable the State and Federal Governments to join more efficiently in their common objective of furthering the health and welfare of the American child.

So, if the Congress does not act unfavorably, the Federal activities in the welfare field will be administered under a single agency. That is the kind of straightening out we must do with our welfare systems—Federal, state, and local.

My second point is this: We must re-examine our basic legislation in the fields of child welfare, adult care, medical care, hospitalization, and rehabilitation. We have re-examined our public assistance laws and reorganized our public assistance systems. Now we must do the same thing in these fields which are going to be our big responsibility. Most of our child welfare legislation has not been examined for twenty years, and a lot of it goes back to the nineteenth century. Our care of adults needs to be reorganized. Our basic concepts in the law for medical care and hospitalization need to be reworked.

My third point is that we must get our teamwork among health, welfare, and educational agencies actually in motion. We must have partnership and not competition. The public is tiring of competition.

We have, under the laws under which we operate, the important problems of the present and of an insurance world. We must get to work on them.

THE STATES AND A FEDERAL DEPARTMENT OF WELFARE

By Marietta Stevenson

FOR YEARS I HAVE LOOKED FORWARD to the establishment of a Federal Department of Welfare with cabinet status. Now we seem nearer to the reality. Along with President Harry S. Truman's reorganization order has come his promise that he will recommend legislation to make the Federal Security Agency an executive department.

In his message the President said:

The people expect the Federal Government to meet the full responsibilities for the conservation and development of the human resources of the nation in the years that lie ahead. This reorganization plan and the legislation that I shall propose will provide the broad and firm foundation required for the accomplishment of that objective.

Nine years ago Justice Benjamin N. Cardozo gave the Supreme Court opinion, affirming the constitutionality of certain titles of the Social Security Act, in which he said: "Needs that were narrow or parochial a century ago may be interwoven in our day with the well-being of the nation." Looking back over the last two decades we can see the many areas in health, education, and welfare that have been increasingly recognized as interwoven with the well-being of the nation. The very multiplicity of agencies, the complexities of the programs, and the great variation in relationship to the state programs bear testimony to this recognition. When we can at last get our confused house in order by the establishment of a Federal Department of Education, Health, and Welfare the United States will be ready to enter a great new era in public welfare.

Such a Federal department will be concerned with human needs, with the provision of more economic security and a sound educational and health structure. These concerns of the Federal Government have their counterpart in every state. Out of this mutual concern grows a feeling of partnership in a shared endeavor. Neither state nor local government has a lesser interest in health, education, and welfare matters because they are now recognized as interwoven with

the well-being of the nation. Rather they gain impetus in their opportunity to achieve goals undreamed of a few decades ago.

Our Federal Constitution recognizes a dual citizenship. We are citizens of the United States and of the state wherein we reside. Our Constitution also tells us that the Federal Government was established "to promote the general welfare." Both the Federal and state governments must, therefore, assume responsibility for the well-being of their people. Healthy, well-educated, secure people will justify the investment made in their well-being by their ability to make state and Federal government more effective and more truly democratic. We must consider, too, not only how a democracy can best serve its citizens, but also how young people can be helped to grow into the kind of citizens who will know how to preserve and improve our democracy.

In balance to the necessary and growing centralization that will continue in the service areas of government, we must have citizen participation and an assumption of responsibility by citizens. The success of the Federal department of welfare will depend, in large part, on coöperative relationships with the states and the support developed at the level of the local community.

The future of Federal-state relationships will necessarily be rooted in the past. Although we have reason to hope for a healthy new growth for welfare programs, we must look back over the last few years to visualize the direction this will take. For the future we visualize a comprehensive Federal program, freed of the complications of the present divided administration, which can offer the states greatly improved possibilities for service.

Prior to the depression, Federal welfare agencies set precedents of a rather mild advisory and supervisory relationship to state welfare agencies. In general, this was the nature of the United States Children's Bureau relationship, although in the Sheppard-Towner maternity and infancy care program there was precedent for the grant-in-aid principle for Federal-state coöperation that was later developed under the maternal and child health provisions of the Social Security Act.

When the Federal Government finally was forced into the relief field during the depression, it borrowed from the experience of the states, especially from the New York Temporary Emergency Relief Administration. Prior to the passage of the Federal Emergency Relief Act in 1933, forty states had made provision for state-wide administra-

tion of relief. The proponents of Federal relief had urged the establishment of a productive partnership which would evoke the best which the national and state governments had to offer. It was recognized that the states needed leadership as well as financial aid. With the recognition that the problem of unemployment was national in scope, the Federal and state governments became jointly responsible for dealing with the emergency. The Federal Emergency Relief Act provided for a coöperative basis with financial assistance to the states. In the administration of the act there was recognition of the conditions usually attached to Federal grants-in-aid, such as acceptance by the state legislature and the projection of a plan by the state agency which met with Federal approval. However, speed was imperative, and since the program was always considered a temporary, emergency one, it was difficult to avoid undue centralization and an authoritative relationship in practice.

From the beginning of the program the FERA clearly required the state governments to assume responsibility for adequate local administrative supervision; the FERA worked with and through state agencies and did not deal directly with the local units. Emphasis was placed upon a competent and business-like state administration, entirely free from partisan politics. Efforts were made from the first to insure constructive Federal-state coöperation, with guidance and leadership offered at the top. A capable field staff worked with the states to help carry the heavy responsibilities and unusual pressures of an emergency job.

In spite of the necessity for speed, sound policies were established, such as the rule that public funds were to be administered by public agencies. Adequacy of relief, including the usual essentials of food, clothing, and shelter plus an emphasis on medical care, was stressed. The states were urged to give relief in cash rather than in kind. Rules were issued regarding the qualifications of personnel and the methods by which relief might be given. Since many of these policies had to be instituted in short order, it is not surprising that a certain amount of resentment developed against so-called "Federal dictation."

As a result of Federal-state coöperation, the destitute were better cared for than in any previous depression. During the depths of the depression President Franklin D. Roosevelt appointed the Committee on Economic Security to plan a more permanent program. The report of the President's committee, made on January 15, 1935, was

used as a basis for the Social Security Act. Let us recall briefly that the Social Security Act, as passed in 1935 and amended in 1939, is an omnibus act, providing for three public assistance, two insurance, and three child welfare programs and expanding the previously existing public health and vocational rehabilitation programs. Administration was divided among the newly established Social Security Board, the United States Children's Bureau, the United States Public Health Service, and the Office of Education. Complications were added because of the variety of provisions relating to Federal-state relationships. Even within the public assistance categories there existed—and still exists—lack of uniformity in Federal financial matching for assistance and administration. Between the Social Security Board and the Children's Bureau there have existed different degrees of control over state personnel standards.

Some coördination of administration was provided in 1939 when all these agencies, with the exception of the Children's Bureau, were transferred by Executive Order to the newly established Federal Security Agency. But this fell far short of the Federal Department of Social Welfare that had been proposed by the President's Committee on Administrative Management. Integration of welfare functions on the state level will logically follow rather quickly after this integration is achieved on the Federal level. It is my personal opinion that if a Federal Department of Social Welfare had been established in 1938 or 1939, we would now have a much stronger welfare setup in most states. My reason for thinking so lies in the developments of the last fifteen years which show so clearly that Federal participation has had a large part in shaping state public welfare administration.

In the decade prior to the depression, the departmentalization of public welfare functions in one or more of the major departments of government had been accomplished in a number of states. Usually the director was a member of the governor's cabinet, but the welfare departments varied considerably in the scope of their functions. The trend was definitely toward integration. However, in some states, the old board-of-control form persisted with an emphasis on state institutions, and in others the board with weak supervisory powers, usually known as a board of charities or a state board of charities and corrections, continued. At this time several states had no state agency, while the functions of the majority of the state departments were quite limited. For some state agencies the annual appropriation was less

than \$50,000; in one state it was but \$3,700. At this time no Federal agency had responsibility for supervising the work of state agencies, nor was any Federal money available to assist the states.

The depression brought about the establishment in most states of separate, independent agencies for emergency unemployment relief. New York set the pattern, and this establishment of separate emergency agencies was further stimulated by the establishment of the FERA. By 1935, when the Social Security Act was enacted, the majority of states had a separate emergency relief agency, but a great many had also reorganized and strengthened their more permanent agencies. Although Federal supervision and Federal grants were on a clearly expressed emergency basis there resulted, nevertheless, a greater awareness of welfare functions and welfare standards in the states. Also, there resulted a nationwide coverage of local agencies to administer unemployment relief. These developments did much to lay the foundations for more permanent public welfare accomplishments.

Federal developments in 1935 played an important part in the reorganization of state public welfare agencies. Many new departments were established in 1935 and 1936, due to the almost simultaneous withdrawal of the Federal Government from the field of unemployment relief and its entrance into the field of social security. The stimulation of Federal grants-in-aid accelerated this movement. The necessity of complying with the Federal requirements relating to good administration as a condition for securing Federal grants also stimulated the establishment of new state agencies and the reorganization of older ones.

One of the outstanding characteristics of state legislation during 1935 was its dependence on Federal action. The delay in Congress in enacting the Social Security Act had serious reverberations in the state legislatures. States were hesitant to pass bills providing for public welfare machinery until they knew the final form of the Federal program. Some of the states enacted measures which were to become effective when, as, and if the Federal Government provided financial assistance. In other states some of the most far-reaching and constructive bills died in committee. After Congress had taken action, there was a definite recognition that the administration of the new programs in coöperation with the Federal Government must be accepted as a continuous function of state government.

By 1937 it was apparent that the field staff of the Social Security Board and the Children's Bureau had been giving helpful assistance to the states in framing new legislation providing for better administration. Official commissions concerned primarily with problems of welfare organization and administration had been active in many states. During the next few years the interrelationship between the welfare programs of the Federal and state governments became clearer, with Federal policies and Federal statutes reflected in state legislation.

Under the original Social Security Act the Board was specifically denied the responsibility for the selection, tenure of office, or competency of specific individuals who were employed by state and local agencies. However, the Board was responsible for seeing that state plans were efficiently administered. Since efficient administration clearly depends largely upon the qualifications of personnel, the Board did not approve any state plan unless it provided minimum objective standards for selecting personnel.

From the beginning the Children's Bureau had joint responsibility with state agencies for developing plans for child welfare services, including the selection of employees. Federal funds provided part or all of the salaries for a large number of child welfare workers. This made it possible for the Bureau to insist upon professional qualifications and proven ability in its field.

The personnel amendment to the Social Security Act in 1939 called for a merit system in every state for public assistance, child welfare services, maternal and child health services, crippled children's services, and employment security. This became effective January 1, 1940. To assist the state agencies in developing standards, the Federal agencies developed suggested rules and regulations as illustrative of the basic elements of personnel administration. These standards were based on the experience of state agencies already operating under merit systems. In the six years that have elapsed since the amendment went into effect, all these state programs have come under either civil service or merit systems.

In contrast, lack of Federal leadership can be seen in general assistance. With the withdrawal of the Federal Government from "this business of relief," and changing Federal policies in relation to work relief, consistent state planning became difficult. The upshot was that in some states general relief slid back into the poor law practice

of predepression days with the states assuming no responsibility for financing or for administration. On the other hand, some states integrated their general assistance with the administration of the categories. Where this happened, the effect of Federal coöperation has been manifested even though no Federal money was available for general assistance. It seems clear that the administration of general assistance, as well as the adequacy of the assistance given, would be greatly improved if Federal funds were available.

Even a superficial comparison between state public welfare agencies, as they existed in 1930, and those operating in 1940 discloses a great strengthening of state organization and administration. A large part of this can be attributed to Federal leadership, supervision, and financial assistance.

During the war the nation was fortunate in having a network of public welfare agencies that contrasted strikingly with the lack of such agencies at the time of the first World War. The programs for emergency war assistance illustrate the value of Federal-state coöperative relationships. In February, 1942, funds were allocated from the President's Emergency Fund to the Federal Security Agency. The administration, in turn, allocated funds to the United States Public Health Service and the Social Security Board, both of which asked state agencies to serve as their agents in giving service and assistance. Another example of Federal-state coöperation is found in the emergency maternity and infant care program administered by state health departments under plans approved by the Children's Bureau.

By the end of the first decade of the social security program it was evident that the Social Security Act had provided a sound foundation in law and administrative experience. Social insurance was well established. In all but a few states, all three of the public assistance programs were in operation. Federal aid to the states had greatly improved health programs and welfare services for children.

If, as, and when we are able to establish a Federal Department of Education, Health, and Welfare, it should stimulate the states carefully to scrutinize and reorganize their programs. We have experimented with Federal grants for specific programs in each of these fields. These have all been conditional grants, available only as state plans have met approved standards. Using the framework of the requirements of the laws, coöperative programs have been worked out in each of these areas. Each Federal agency administering a grant-

in-aid to the states employs a staff of technically trained and experienced persons. Each agency carries on field work constantly, inspecting the administration by the states to see that the terms of the Federal act are observed; aids the state officials in improving administrative standards; and provides important central services of research, information, technical advice, and exchange of ideas and experience. Leadership, direction, and administrative requirements are part of the history of the use of conditional grants by the Federal Government.

The greatest weakness has been that the programs, each one good in itself, have not been geared together. Different procedures, different rates of state reimbursement, different regional areas for field staff, illustrate the lack of coordination. The lack of integration is well illustrated by the regional organization of Federal welfare and health agencies. The almost complete lack of coincidence is shown by the existence of eight regional offices for the Office of Vocational Rehabilitation, eleven districts for the United States Public Health Service, thirteen for the Veterans Administration, and sixteen for Immigration and Naturalization Service districts. In 1945 some badly needed coordination was achieved when the Children's Bureau followed the regional plan of the Social Security Board, using the same twelve regions and usually utilizing the same cities for regional headquarters.

The same lack of coordination exists on the state and local level in many states. In some states separate agencies deal with child welfare and public assistance. In a few, even the categories of public assistance are divided between different state agencies. Some states recognize the need for reorganization. In Missouri a new constitution provides for an extensive reorganization of the whole executive department. The 1946 legislature, following the mandate of the new constitution, has enacted legislation providing for a Department of Public Health and Welfare. In addition, the legislature established a Department of Correction. Although there are some serious weaknesses, a degree of integration has been achieved by the replacement of seven agencies with these two.

New York State is in process of reconstructing its three-hundred-year-old local public welfare system, admittedly the most complicated in the United States. Legislation has been enacted to modernize and simplify the welfare structure so that people will be served promptly and more adequately. This resulted from a study by a Special Com-

mittee on Social Welfare and Relief of the New York Joint Legislative Committee on Interstate Coöperation. The committee found that "it was the overlapping, conflicting or competitive relationships [of agencies, programs, and financing] that react upon persons in need and complicate the administration of public welfare." It was not the number of programs, but the fact that the person in need must go to different agencies, with overlapping jurisdiction, that caused difficulties and confusion. The plan proposed in the report entitled "Integration of Public Welfare Services in the State of New York" was designed to fit programs and agencies to the needs of people and to provide a uniform rate of state reimbursement for all programs. An equally fundamental reorganization of the New York Department of Social Welfare is being effected. This will make it possible for the state to carry out its new supervisory functions more promptly and more effectively.

These examples are enough to illustrate the point that the states can go ahead with their reorganization without waiting for the Federal Government to take action. On the other hand, it seems clear that once a Federal Department of Welfare is established there will be wider stimulation and leadership. Borrowing from the best state practice, the Federal department would be in a position to aid the states to bring order out of the present chaotic situation.

The Federal-state relationship is logically a two-way one. We can see that the Federal requirements for state plans, both for public assistance and for child welfare services, have been based on good practice developed in the states. As state practice improves, state plans continue to improve. In other words, the whole process of Federal-state relationships is a dynamic one.

The Federal Government's role consists of planning policies and programs; standard-setting; providing consultation; serving as a clearinghouse for information and statistical data; and providing financial aid to the states. As part of the Federal role in standard-setting, state plans are required to provide good organizational structure, personnel, and standards of service. Putting a floor under standards provides flexibility by making it possible for states to experiment and make improvements beyond these minimum requirements. It is to be hoped that residence requirements for social workers can be eliminated and a real career service established. It would certainly be an anachronism for Federal legislation to require states to eliminate

residence requirements for public assistance applicants and yet permit residence requirements for social workers.

If we are successful in establishing a Federal department, many other developments will logically follow. First of all, there will be more effective administration on the Federal level. Ideally, the whole field of social insurance would follow the recommendation of the Social Security Board; that is, there would be established a comprehensive basic national system of social insurance, covering all major risks to economic security and covering all workers and their dependents to whom such risks apply. Such a program would include wage loss in periods of disability and costs of medical care, as well as the present old age and survivors insurance and unemployment insurance. Benefits would relate to past earnings with provision for additional benefits for dependents. This program would be designed to close existing gaps in coverage, both of persons and of risks. Since this would be federally administered, no problem of Federal-state relationships would be involved.

As to the fields of education and health, specialists in those areas know better than I what the developments of Federal-state relationships would involve. Certainly it would be indicated that a more extensive use of Federal conditional grants would be made. Leadership would come from the top, with specialized services available to assist the states and to develop Federal-state working relationships.

The Public Health Service Law of 1944 strengthened the national structure of Federal-state coöperation in the provision of health services. The United States Public Health Service itself was streamlined so as to function more effectively. Authority was given for more extensive research, provision was made for Federal leadership and assistance to the states in a nation-wide attack on tuberculosis, and much more extensive provision was made for grants-in-aid to the state health organizations. Authorization was given to the Public Health Service to use a limited portion of appropriations for general health work to train personnel.

In the programs that have health, welfare, and educational aspects, such as vocational rehabilitation and services for crippled children, state agencies should be able to obtain the help of the Federal Government more easily. A single department could give service more quickly, and state agencies would not have to search for the proper agency or agencies. Access to information, services, and programs in

these various fields and coördinated planning should be available.

In all these areas, the Federal Government should deal directly with the states. Local agencies should work through state channels, with the state serving as the intermediary. The state must be responsible for making plans on a statewide basis and seeing that these plans become realities, either through direct state administration or through state supervision of local administration. The state must be held responsible for personnel standards, for the adequacy of services and assistance, and for the utilization of Federal funds. These principles should apply to health and education just as much as to welfare. Legally, the local government is the creature of the state and subject to state legislation and control. Its relationship to the state is very different from the relationship of the state to the Federal Government. Then there is the multiplicity of county, city, and town units of government which make any direct dealings between Federal and local government utterly confusing. The coöperative relationship that is visualized is clearly a Federal-state-local relationship, with the local agency acting as agent of the state.

Nevertheless, there must be citizen participation in the programs. Lay boards serving in an advisory capacity, volunteers, and a well-informed public can tremendously strengthen health, welfare, and educational programs. There must be continuing emphasis on the concept that the welfare of all the people is the concern of all the people. An awareness of the rights, opportunities, and responsibilities of the individual in the community setting is the essence of democracy.

We must not lose sight of the fact that most services to people are actually given in the community. To quote the Committee on Reorganization of Community Services of the Women's Foundation:

The community furnishes the framework and climate within which the family lives and develops; it must therefore provide a healthy atmosphere and a well organized network of public and private community services of the highest possible quality. In reaching this objective, it is essential that both state and federal leadership and coöperation be improved and strengthened.

The long-awaited bill to create a cabinet Department of Health, Education, and Welfare has not yet been introduced in Congress. However, the Public Welfare Act of 1946, introduced by Representative Aime J. Forand, of Rhode Island, is before the House Ways and Means Committee. This bill, sponsored by the American Public Wel-

fare Association, would revise the present Social Security Act in the light of the last ten years of administrative experience. Among other provisions the bill would require unified administration of federally aided assistance and welfare service programs at all levels of government. Representative Forand, in explanation, said:

Under the present hodgepodge situation in many States and localities a needy individual finds himself shunted from office to office in a vain effort to find the answer to his needs. At the same time the State welfare departments, in trying to work out a unified and comprehensive approach to the welfare needs of their own States, find themselves increasingly hampered by the necessity, imposed by the present Social Security Act, of dealing with two Federal agencies, namely the Social Security Board in the Federal Security Agency and the Children's Bureau in the Labor Department, on two programs as inseparable as assistance and child welfare services. This bill therefore proposes placing the administrative responsibility in what appears the logical welfare agency of the Federal Government, the Federal Security Agency. Should action be taken under the Reorganization Act or other legislative enactment to transfer the Children's Bureau or its child welfare functions to the Federal Security Agency it would, of course, be up to the Federal Security Administrator to relate its welfare functions to the unified administration of welfare services provided by this bill. It is felt that the proposal of this bill will serve the best interests of children as well as adults by recognizing that the welfare needs of children must be met as a whole, not piecemeal, and by further recognizing that the welfare of children is inextricably tied up with that of the family.

Our public welfare system needs strengthening. Eventually we must provide more effective health and educational programs that will better equip people for life. A more comprehensive system of insurance should serve as a cushion for emergencies. Coupled together, more adequate assistance and service programs could properly aid people in need. A Federal department equipped with qualified personnel would give professional direction and supervision to the administration of such a comprehensive system, based on consistent policy. Much of the success of this department would depend on having administration at all levels of government and would necessarily be dependent on effective Federal-state relationships.

SOCIAL SERVICES FOR INDUSTRIAL WORKERS

By Mary van Kleeck

SOCIAL WORKERS have clearly indicated their interest in the services which came to be known during the war as "industrial counseling." The phrase signifies advice, guidance, or information given to workers in their places of employment to enable them to solve personal problems at home or outside the plant as distinct from problems involved directly in their work or in their relationships at the place of work. Discussion of this new development as a problem in community organization and planning presents an opportunity to consider imaginatively and constructively the possible need for new forms of social work to meet the needs of industrial workers.

Properly to appraise the relation of industrial counseling to social work in the postwar period calls for a broad consideration of the subject. To achieve this broader view, it seems wise not to assume in advance that the problems dealt with are necessarily to be presented at places of employment, or that the advice and information are to be given there. We need rather to direct our attention toward typical situations arising in different industries, in some of which individual counseling does not appear to meet the need.

We may take as typical situations the mining industry; transportation, in which the worker's "place of employment" is movable and often far from his home; agriculture and other pursuits outside urban areas; and, finally, the more familiar setting of a factory in a community in which social services are organized.

A mining community, in general, is untouched by the usual forms of social work. By the very nature of their industry, miners live and work in communities in which the land and the buildings are owned by the operators, and where the miners' homes, the store, and other community facilities are largely controlled by the employer. This control often extends even to such institutions as school and church. Miners are exposed to accidents and other hazards to life and health, but adequate protection for their families, or medical care and treat-

ment, have been notoriously insufficient. Their feeling about this need is expressed in the demand made by the United Mine Workers for a health and welfare fund, charged to the industry and administered by the union.¹ Social workers cannot fail to understand and sympathize with this demand, once they understand conditions in and around the mines.

For many years it has been the custom to deduct from the pay envelopes of miners a monthly charge for hospital and doctor, but in many communities the miners have no choice of physician, and nowhere do they control the administration of the money. The company doctor, who is hired by the employer, has been known not infrequently to serve the employer's interest by giving testimony regarding a miner's physical condition which has unjustly deprived the worker of remuneration under workmen's compensation laws. In sickness, he and his family have no easy access to medical care and treatment. Many a miner's wife has had to give birth to a child without the care of a physician, and sometimes, lacking money to pay for the service, without even a midwife or any sort of substitute for prenatal and maternity care.

The isolation of the mining community, which is not a community with a future, and the consequent inaccessibility of the usual community services, as well as the employer's ownership of the property around the mine, create a situation in which it is logical, and perhaps the only practical procedure today, to charge health and welfare services to the industry. Under such circumstances it is not the operator who pays the costs, but the industry as a whole. This is fair, since the conditions described are inherent in the industry. The miners may well challenge the right of editors and critics to question the validity of their proposals; for these same critics have never, in the past, given attention to the inadequacy of the health facilities for which the miner has had to pay, even though he has had no voice in the administration of the so-called "benefits" which he has received.

¹ An agreement establishing such a fund was signed, on May 28, 1946, between the United Mine Workers and the Federal Government, after seizure of the bituminous coal mines to end a strike. In the interim, Congress had passed a law (the Case bill) forbidding employers to contribute to a fund administered wholly by the union. The new agreement divided the fund into two parts: (1) welfare and retirement, with funds secured by a charge on the industry of five cents a ton, to be administered by three trustees, representing the Federal Coal Administration, the operators, and the union; and (2) health and hospital, with funds contributed, as in the long past, by the miners, but now to be administered solely by the union, instead of solely by the operators, as has been the invariable practice.

Somewhat similar is the isolation and company control of many textile-manufacturing communities. The need of textile-workers for social services of various kinds should be a concern of social work. Moreover, many rural areas are similarly deprived of adequate services. These are all situations that affect millions of our population who must be considered when we discuss social services for industrial workers.

Still a different situation is that of workers in transportation, whose employment on trains, buses, trucks, boats, or airplanes takes them constantly away from their homes, with the result that the usual services available in a local community are not adapted to their needs. A significant development for workers in this type of employment is the setting up by the National Maritime Union of a personal service department in the care of a social worker; a co-worker is assigned by a voluntary social agency, the United Seamen's Service. The union, of course, is thus able to reach its members on the job, and in their homes, with an understanding and a facility generally lacking in the usual social agency.

The miners' proposal for a health and welfare fund, which has been discussed as though it were quite new in the world, is actually in line with developments in a number of unions in the United States, such as the International Ladies' Garment Workers Union, the Amalgamated Clothing Workers, the International Brotherhood of Electrical Workers, and the New York Hotel Trades Council. Moreover, according to a recent statement issued by the Bureau of Labor Statistics, special funds for miners' health and welfare, created by a charge upon tonnage, are already established by law in Great Britain, Spain, the Netherlands, New Zealand, and British India.

In the United States, the creation, through union agreements, of these funds is a significant sign of the times. The indication is clear that industrial workers find the present provision of social services for health and welfare inadequate, and that they want their union representatives to control administration of the services designed for them.

Development of industrial counseling in a plant or factory, on the initiative and under the control of management, had its impetus from wartime conditions. It developed more extensively, perhaps, in airplane factories than in any other war industry. This was probably due to the fact that the airplane industry grew so fast that many problems of adjustment necessarily arose, since the labor force had to be

rapidly developed by bringing in workers from other industries, and by employing a large number of people who had not worked before under factory conditions. Moreover, the workers in any one plant were often drawn from many communities, so that, for example, an airplane factory in New Jersey employed workers from eighty or more communities in at least two states.

As personnel problems arose, related to conditions affecting the workers outside the plant, it was not easy for the management to discover the appropriate agency resources in all these communities, even if they had been adequate, nor was it easy for social workers to develop wartime services quickly enough in all communities in which war workers were living. It was an intelligent response on the part of management to employ persons who could deal with the individual problems. Social workers were quick to raise the question as to whether the skills of social casework might not be applicable to this need in industry. Moreover, the fact that plants were working on contracts for the Government, with urgent need to solve any problems which might affect a worker's output, and the fact that the Government was ready to promote this type of service and to pay for it, naturally stimulated its extension.

It is with no lack of appreciation of good work done that the question is raised, nevertheless, as to whether social services for industrial workers should be to any extent at all a function of management. We may divide into two main categories the needs revealed in wartime industrial counseling: (1) those having to do with transportation, housing, care of children, and other factors in a worker's daily life which call for facilities in the community; and (2) those involved in the life of the individual and his relations with his family and with others outside his work. With respect to the first category of needs, it is obvious that in planning the location and expansion of a plant the employer must give consideration to the community's facilities for housing and transportation. It is equally obvious that the community must be responsive to the need for these facilities and for such social and recreational services as are needed for normal, wholesome living for workers and their families. It is not necessary to employ an industrial counselor to deal with these primary requirements for the whole labor force on an individual basis, if the community and the industry give them due consideration. When essential facilities are lacking in the community, the omission should lead to investigation

and social action rather than to individual counseling, except in an emergency.

As to the personal problems which are presented at places of employment, the question may well be raised as to whether the employer should be responsible for dealing with them, or whether it is even desirable that such responsibility should be assumed. Clearly, personnel services should be developed adequately and efficiently as a function of management. These services relate to recruiting, selection, training, and assignment of workers to their tasks, and to their promotion within the plant. They should include personnel research and its applications, in order that conditions may be established which enable the employee to do his best work. With technological change, these problems should be constantly investigated by management, in order that the productive energies of the workers may be released, with advantage not only for the work, but, primarily, for the individual.

If we question whether, in the long run, social service for the individual worker should be a function of management, there should be no misunderstanding concerning the recognized responsibility of the employer for the individual in his work and his working relationships. With the spread of collective bargaining, personnel service departments, through which this responsibility is fulfilled by management, enter into relationships with the union. These relationships between personnel service and the union are now undergoing change and development. It seems likely that in the process of these joint labor-management functions new forms of organization may develop which will affect social services for industrial workers. Already the development of counseling in a number of unions constitutes a new and significant experiment, expressive of the growing participation of the labor movement in social work.

In the development of industrial counseling the emphasis laid upon the function of giving information and referring individuals to other local agencies seems clearly to indicate that, in the last analysis, the need is for expanded social services, better adapted to industry and industrial workers, rather than for the development of social casework under the auspices of management or unions. The present lack seems to be due, in part, to the failure of social work to make its facilities known to workers in industry. Hence management and

unions have undertaken to give this information through a counseling service.

Is it likely, then, that the growth of union welfare funds or of personal counseling for union members which goes further than mere referral by the union will tend to make local welfare agencies unnecessary for workers in industry?

The answer must be, first, as already indicated, that the need for information centers shows that the work of social agencies is not sufficiently publicized among industrial workers. Moreover, perhaps because of the form and traditional auspices of philanthropic organizations, independent workers do not willingly apply to them, but turn rather to their union. That any one union, however, will be able to act as a substitute for all social work agencies, even for its own members, is not probable. Adaptation to the needs of workers would seem to be more economically achieved by union representation in the direction and control of social agencies in order that the needs and attitudes of industrial workers may be fully understood. Interest on the part of the unions in social services for their members is likely to stimulate expansion of social work, rather than to displace it by union counselors.

Nevertheless, the establishment of health and welfare funds by union agreement is a sign of the times which presents an interesting challenge to social work to organize its forces, perhaps in quite new ways, in order to be closer to industrial workers and able to coöperate more fully with all the agencies which may be developing under union auspices.

For a suggestion as to the type of agency that would seem to fit the needs of this new day, we may turn back to the beginnings of the settlement movement and raise the question as to whether it may not have a rebirth in the form of people's neighborhood houses. The idea in the settlement movement was that men and women residing in a neighborhood would work with their neighbors to provide recreation and group activities and to improve living conditions and develop new community services. School nursing was initiated by social settlements, and housing legislation received a great impetus from this movement. It was an essentially democratic effort.

This same idea could be worked out today in neighborhood centers in which public-spirited citizens would share responsibility for the

development of these community agencies with unions or coöperative associations or, in rural districts, with farmers' organizations. Neighbors would act together, whether the neighborhood was a small area in a city, a whole village, a region, or even the entire nation. They would establish centers for health and welfare services accessible to all the people and controlled by their representatives. This would seem to be in line with the democratization of social work, which, in the last analysis, is the keynote of the adaptation of social welfare to present and future needs of industrial workers.

COMMUNITY ORGANIZATION IN 1946

By Leonard W. Mayo

WILLIAM ALLEN WHITE believed in what he called "distributive justice." In his autobiography he asked, almost whimsically, "Is there not somewhere in the stuff that holds humanity together, some force, some conservation of spiritual energy, that saves the core of every noble hope, and gathers all men's visions some day, some way, into the reality of progress?" These words stand in interesting contrast to a statement that Harry Hopkins made a few years ago. "There is enough wheat to feed the world," he said, "enough stone, brick, lumber to house it; enough cotton and wool to clothe the whole human race. But no Utopia was ever won without struggle." No one can deny that Harry Hopkins knew human need at first hand and that he himself was no stranger to suffering. He believed that "the reality of progress," of which William Allen White wrote, comes only as men consciously pit themselves against the forces of reaction and the *status quo* and thus hasten the evolutionary process.

The art of discriminating between noble and ignoble hopes and of capturing, channeling, and giving community expression to the noblest of them is the essence of "the struggle"; its focus and method, its changing objectives but constant purpose, constitute the core of community organization. That phase of community organization concerned primarily with the imbalance between welfare needs and welfare resources has been defined as "community organization in social work." Where are we, in the year 1946, in the philosophy and practice of community organization? How far have we come? Where are we going? What have we actually learned?

There have been several milestones established during the last twenty years in the development of community organization philosophy and method. In 1921 and 1928 Eduard Lindeman and Walter Pettit gave expression to the modern concept of community organization, both in their philosophy and in the use of case studies; the latter in itself implied method. The Lane Committee, appointed in 1939, represented the first serious attempt, however, on the part of an experienced community organization group to define purpose and

method as well as the qualities and skills essential to successful practice. Several important contributions followed, including the articles in the *Social Work Yearbook* by Arthur Dunham and Arlien Johnson and, notably, Wayne McMillen's recent book *Community Organization for Social Welfare*, which includes a critical review of typical social agency structure and a definition and discussion of method, and provides a scientific orientation to the concept of community organization as a process.

These and other additions to the literature, the work of the American Association of Schools of Social Work, the continued contributions of Community Chests and Councils, Inc., and the experience gained in two world wars and a major depression have now made it possible to enunciate certain basic principles. With full recognition of the fact that probably no set of principles or assumptions would meet with unanimous agreement, the following principles are submitted:

1. *The purpose of community organization in social work is to create "an increasingly better balance between welfare needs and welfare resources."*¹—The fulfillment of this purpose, that of creating or helping to create a whole community, requires the participation both of professional workers and of volunteers, and it must be carried out in such a manner as to increase the initiative, self-confidence, and skills of all the participants. Only in this way can the ability of a community to conduct projects of a progressively significant nature be improved. This, in essence, is the growth process generic to all social work.

2. *Community organization is a method in the field of social work.*—Whereas the primary foci in casework and in social group work are the individual and the group respectively, the focus in community organization is the community. Community organization in social work does not refer to the sociological structure or social agency pattern of a community, but rather to the method by which agency structure may be changed and agency functions and relations modified in conformity with demonstrable need. It refers to the method by which needs may be discovered, articulated, and demonstrated. It is devoted to the establishment, extension, improvement, and synchronizing of social and health services as needed. In short, community organiza-

¹ Arthur Dunham, in *Report of Group Studying Community Organization* (Lane Report), 1941.

tion is concerned with social and health needs, with the organization of services suggested by such needs, and, finally, with the agencies or channels through which such services flow.

3. *Community organization may be practiced in communities of various types and sizes.*—Community organization is applicable to neighborhoods where there are real or potential common interests, to cities and metropolitan areas, to states or regions, and to the nation as a whole. We can now clearly discern certain activities on the international stage, furthermore, wherein the community organization method is required, if not actually used.

This concept renders a precise definition of the "community" unnecessary if not unsound. As Arlien Johnson has suggested, the term "community" may be used in the same sense as the word "person" is used; i.e., to designate a community of any size or type. When one wishes to specify a given individual or community he does so by describing the person or community in mind. This comparison is helpful in justifying the use of the word "community" to cover a wide variety of population units.

4. *Community organization projects tend to focus primarily on agencies, on a social or health problem, or on a given geographical area.*—Community organization projects originate in a variety of ways, but, for the most part, they emerge from the practice of casework and social group work and from the practice of community organization itself. In medicine, the attack on typhoid, for example, originated in the intensive treatment of individual patients and moved from there to the laboratory and thence to the community; this was the basis of the public health movement.

While many, if not all, community organization projects include sooner or later the first two of these foci, experience indicates that at the outset most projects center on the modification, extension, or improvement of existing agencies, on the establishment of new social services, or on a problem such as delinquency, chronic illness, prevention of tuberculosis, or day care. It has been shown, furthermore, that some community organization projects are aimed at the general improvement of a total neighborhood or some other unit of population. Thus the area community councils are not centered primarily on social agencies and their functions or structure and certainly not on any one social or health problem. Rather, the professional staff and volunteers working in such councils view the total community

encompassed by them and attempt to move across the board, as it were, in the development of the neighborhood or area as a whole.

5. *Community organization may be practiced both as a primary and as a secondary function.*—Executives and staff members of agencies and volunteers whose primary function is the operation or administration of an agency may and do participate in community organization as a secondary function. Staff members of federations, of councils of social agencies, and of area or community councils and similar organizations are engaged in the practice of community organization as a primary function. In either instance, the basic philosophy and method remain the same.

Certain knowledge and methods are, of course, generic to the entire field of social work. An understanding of people, warmth and sensitivity in dealing with them, and knowledge of individual and group behavior are as essential to the social worker in community organization as they are to the caseworker or social group worker. The difference comes at the point of application of such knowledge and understanding. Analyses of community organization projects of various types reveal that community organization in social work involves more than relations between individuals and more than intergroup relations; it involves even more than the mathematical total of these two types of relation. It requires a skillful and artistic correlation and weaving together of all that we have learned about dealing with individuals and groups, brought to focus on another objective—the community. An understanding of the sociological structure and forces of community life is essential to the community organization worker, for community organization is rooted in sociology as much as, if not more than, in the other social sciences. A comprehension of the social agency structure of a community and a sense of the community as a whole are as necessary to the skillful application of the community organization method as is an understanding of the personality of an individual or the structure of a group in the practice of casework and social group work.

Foremost among the methods and skills which, when properly employed, combine to produce what we now know as community organization are the following:

1. *Research and surveying.*—The research method, obviously, is not peculiar to community organization. It must, however, be used to further the ends of community organization in collating significant

material with respect to the population of an area, in helping to diagnose the needs of a community, in seeking to determine the types and volume of service required to meet such needs, and in studying the effectiveness of existing agencies. Most of all, research and competent surveying are needed to establish a basis upon which we can compute the type and volume of social service required for a given population unit.

2. *Determination of total need and selection of priorities.*—It may be argued that this is a part of research. Pure research, however, does not necessarily include the knowledge and skills required to make wise choices of specific projects to be promoted on a priority basis. This is a matter of profound importance in community organization. Here are needed a sense of timing, a knowledge of the people involved, and a sensitivity to the community as a whole.

3. *Organization.*—Organization is essentially an orderly and purposeful arrangement of skills. The knowledge as to what skills and other attributes are required for a given project, how they can be recruited, arranged, and applied, is basic. Effective organization is a necessary supplement, both to research and to the selection of priorities. A large amount of able research has failed to bring substantial improvement in some communities largely because the organizational aspects during and following the research were omitted or improperly handled.

4. *Interpretation.*—One of the major problems in community organization is that of improving and increasing communication. In local communities, quite as much as in international affairs, lack of full and adequate communication between groups and individuals, some of whom may be actually or apparently in opposition, is responsible for much resistance and frustration. The usual connotation of the word "interpretation" is equally pertinent in so far as community organization is concerned. The long, slow process of growth in a community is dependent to a high degree upon the extent to which those responsible can effectively set forth existing needs and then rally the community behind well-drawn plans for their fulfillment.

5. *Mobilization.*—This refers to the mobilization of manpower, of finances, and of all other resources essential to the realization of a given project. Money-raising is an integral part of the total process of community organization, and while it requires additional skills

and knowledge, it should not be regarded as a different or unrelated activity.

6. *Negotiation.*—The skill of negotiation is employed in every aspect of community organization; negotiation with individuals, with large and small groups, and, in a sense, with the community as a whole is part and parcel of the community organization function. The techniques of interviewing and discussion are employed in negotiation and in a variety of other situations in community organization. In all aspects of negotiation, the necessity for understanding people and their motives and objectives is paramount. In negotiation with a political group, a women's club, a church organization, or the representatives of a union it is essential to know the purposes and functions of the group as well as the pressures under which the members find themselves if support is to be gained for one's project.

The committee is a basic tool. It is used both in casework and in social group work, but it is conceivable that both these functions could be carried on without the use of committees. On the other hand, the committee is so fundamental to the community organization process that the latter could not operate without it. Full and complete study of the organization and operation of committees is, therefore, another "must" in the development of more adequate community organization data and experience.

Casework and social group work can comprehend but cannot encompass the whole person. Thus it follows that education, the ministry, medicine, the law, and a wide variety of resources are invoked both by caseworkers and by social group workers in the fulfillment of their objectives. It is equally true that community organization in social work cannot encompass the whole community. It must, therefore, join with other forms of community organization, notably city planning and appropriate activities in labor, industry, business, and education, in order to play its full part in a total program designed to affect the whole life of a community.

We may set the following goals for community organization:

1. The high purpose of community organization in social work is to discover those men and women who are both sensitive and responsive to the needs of all people and who may be counted upon increasingly to participate in and support those activities which result in an organized community effort to meet them more adequately.
2. Community organization must be devoted to the leadership

and development of groups of such people under appropriate auspices to the end that the welfare needs of the community may be effectively expressed, the costs thereof courageously presented, and the necessary funds raised.

3. Community organization must be increasingly directed to the attainment of a maximum flexibility of services, programs, and agency structure responsive to changing needs; to the support and development of governmental as well as voluntary agencies as channels through which services are made available; and to the establishment of an effective network composed of both.

4. Community organization must devote itself to the elimination of the last vestige of isolationism among social and health agencies and to the development of the spirit and reality of coöperation in social work.

If these objectives are to be attained so that serious gaps in community services may be filled and more adequate coverage realized, the following should be among the next steps to be taken:

1. *Studies.*—The data developed by Dollard, Warner and Lunt, MacIver, and others indicate that the phenomenon of community behavior requires identification and analysis quite as much as do individual and group behavior. An urgent need in community organization, therefore, is a series of studies written against a background of available sociological material but based on community organization records. The acid test of casework and social group work, now that the philosophy and methods of these disciplines have been clarified and improved, is to prevent the breakdown of individuals and families. By the same token, it now becomes the objective of community organization, not merely to follow the leads that come increasingly from the practice of casework and social group work, but to foresee, to plan, to initiate, and hence to prevent the breakdown of community life.

2. *Professional education for community organization.*—We have not made sufficient progress in the analysis of community organization method to be wholly clear with respect to the content and extent of professional education required to prepare men and women to practice it successfully. Studies in community behavior and records of community organization projects, high-lighting method and process, are necessary if we are to develop a rational and comprehensive concept of professional education.

While there is still a divergence of opinion on this matter, experience and observation indicate that professional education in graduate schools of social work is essential to the competent practice of community organization in social work; that the average student who enters a school of social work directly from college should not be expected to practice community organization immediately upon graduation from the school; that for such students some experience in the practice of either casework or social group work, preferably with concurrent participation in some community organization activity, is the soundest preparation. It is further indicated, however, that selected, experienced men and women can profit by course content and field work experience in community organization during their second year of graduate work in preparation for immediate placement in a community organization position.

The above concepts are predicated on the assumption that the practice of community organization requires a somewhat greater maturity, a wider experience, and a more extensive first-hand experience in the field of social work as a whole than is required at the outset of a career in either casework or social group work. To date most graduate schools of social work have not required all their students to take a sufficient amount of course work in community organization. When this content is included, moreover, it tends to omit even basic orientation on the important function of money-raising as an integral part of community organization. In some instances training in the techniques of fund-raising is provided with wholly insufficient orientation, not only to community organization, but to the field of social work as a whole. This is a serious and fundamental omission.

3. *Councils.*—Councils of social agencies in urban areas as well as those in small towns have reached a stage in their development where it is mandatory for them to review their present functions. Such a review should include an objective view of the communities they serve and an attempt to determine whether their present purposes are actually based upon current needs and whether their present structure is designed to fulfill their purposes.

Urban councils of social agencies were established to act as clearinghouses, to provide information to constituent agencies and clients, to prevent duplication, and to effect coördination. In many of our larger cities these functions have been carried on for some time and

are, consequently, fairly well routinized. Such councils should, therefore, determine what the next steps in their development should be. An objective answer to this query would probably indicate that they should now assume more initiative and leadership in the promotion of new projects and a greater responsibility in bringing vital matters to the attention of the community.

In other words, it is now the high duty of urban councils consciously and constantly to attempt to improve rather than to perpetuate the patterns established by their constituent agencies. This cannot be accomplished, in all probability, unless and until the voting membership includes a good number of individuals and groups other than those representing social and health agencies. The base of contributions has been appreciably broadened in community chests throughout the country in recent years. This must be matched by a broadening of membership in the councils. It is essential, furthermore, that every urban council should be so organized and constituted that it can stand upon its own feet, sustaining at the same time a close affiliation with the community fund. To be fully effective, the social work planning body within a community cannot be subservient to the money-raising body. The planning body must be free to gather the appropriate data and to express the total needs of the community regardless of whether sufficient funds can be raised within a given year by the community fund.

Increasingly, both urban councils and community councils must see it as their objective to mobilize all available community forces and bring them to bear upon specific problems, such as prevention of tuberculosis, delinquency, chronic illness, and the like. Increasingly, they must develop that fluidity and flexibility between agencies and services which will make it possible for a community to shift its attack upon various problems as needs increase in volume or new needs arise. Every community in America, for example, has become aroused to the necessity for an all-out attack on infantile paralysis. That attack is continued, however, year after year at the same or even at higher levels, regardless of whether the actual need within a given community is greater or less than that of the previous year.

4. *Liaison with other community organization groups.*—The development of city planning in practically all our larger, and in many of our smaller, cities and the establishment of "development councils" devoted to comprehensive planning for communities as a whole

should stimulate us to develop effective liaison relations with all related and appropriate planning bodies and community organization efforts in our communities. Only in this way can the essential health and welfare needs of a community become part and parcel of its total planning activities.

Any serious discussion of community organization in social work must lead to a sober consideration of the relation it bears to the major goals toward which all thoughtful men and women are now turning. William A. Orton in his book *The Liberal Tradition* gives us food for thought, therefore, when he writes therein of the ideal community:

Community is a working consensus of free minds and free wills in which the individual lives spontaneously . . . as in a true family, a true friendship, a true coöperation. . . . To proclaim [this] as a visionary ideal is a counsel of despair; for it is abundantly on record in both sacred and secular writing that until it is attained, men will go on killing one another in defense of their local and partial realizations of the common good.²

The skillful and sensitive application of the community organization method in social work is one of the greatest potential contributions of our profession to the development of the whole of community life, without which there can be no freedom as we know it and want it for all people.

² William A. Orton, *The Liberal Tradition* (New Haven: Yale University Press, 1945), p. 19.

STATE-WIDE COMMUNITY ORGANIZATION

By Paul L. Benjamin

THERE IS A GROUND SWELL OF INTEREST in state after state concerning the development of informed, dynamic, and purposeful citizen participation in public affairs. Indeed, the development of coördination, planning, and joint action on a state-wide basis in the fields of health, recreation, and welfare may well be a distinguishing feature of the current development of community organization. The war and the reconversion period have brought a heightened interest in community organization, in the coördination of services, in meeting human needs. On the state level, for instance, we have seen the development of state war funds and state defense councils. We have an awareness of the need for organizing state-wide citizen movements. We have the creation by Community Chests and Councils, Inc., of a national committee on state-wide health and welfare planning.

All but a half dozen states have embarked upon some kind of a program for handling one or more aspects of the community organization task. In many states several movements are approaching the problem from as many different angles. The efforts vary from those which are still experimental, or even in an organizational stage, to some which have years of experience behind them. The greatest period of development has been the past fifteen years, with a marked increase in momentum at the present time. There is also great variation in the quality and comprehensiveness of the different operations, largely based on available financial resources and the amount and type of staff service.

We might classify the existing major kinds of state-wide organization as follows: (1) state welfare conferences and associations of social workers; (2) state citizens' associations; (3) state war chests; and (4) state associations of community chests and councils of social agencies. Of course, this classification eliminates arbitrarily from consideration such state-wide groups, organizations, and movements as state departments of public assistance, health, recreation, and welfare; state commissions dealing with such problems as children, youth, mental health, penal affairs; state committees or associations dealing

with specific problems. On the same basis more inclusive movements and agencies which at times deal with health and welfare issues are eliminated, such as chambers of commerce, labor organizations, taxpayers' associations, state planning commissions, legislative reference bureaus, postwar planning councils, and others. Obviously, any complete study and presentation of state-wide community organization should take them into account.

A study of two of the pioneers in this movement will give us some guideposts as to how to proceed in state after state. These pioneers are the New York State Charities Aid Association and the Public Charities Association of Pennsylvania. The story of the former, founded in 1872, is one of inspired and undaunted leadership. Louisa Lee Schuyler dramatically tells how a visit she and some of her friends made to the Westchester poorhouse in June of 1871 led to the launching of a great citizens' movement. Miss Schuyler had been an active member of the United States Sanitary Commission during the Civil War, where she saw how valuable a citizens' association could be, even in wartime. She describes her visit to the poorhouse:

We found sick people, very sick people without a nurse to take care of them. The keeper's wife was kind and did what she could but the nurse in charge, old Hannah, herself a pauper, too stiff from rheumatism to easily rise from her chair, with a paralyzed arm and twisted wrist, was caring for these desperately ill and dying people, and there was no resident physician.

We found the insane in cells suffering from cold and hunger, their attendants being paupers. One violent case in a sort of dungeon with a ceiling too low for him to stand. Vagrants and abandoned women—no separation of the sexes.¹

According to Homer Folks, for fifty-three years its secretary, the State Charities Aid Association is an association of citizens who aid governmental agencies for welfare, health, and mental hygiene. He says:

It has exerted a powerful, continuous influence in improving the tone and quality of governmental action. It has at all times contended for public policies based on the full examination of the facts and against the sway of prejudice and emotion. It has steadfastly held the confidence that good administration will gain public support and approval better than bad administration, that the great majority of the people of the state wish their welfare services to be human, that they believe the public health

¹ Louisa Lee Schuyler, *Forty-three Years Ago; or, The Early Days of the State Charities Aid Association, 1872-1916* (New York: State Charities Aid Association, 1915), p. 8.

efforts can bring in extraordinarily useful results and that taxpayers of the state are willing to pay for whatever may be necessary for humanitarian purposes.²

The Public Charities Association of Pennsylvania, founded in 1912, grew out of a movement inaugurated at Wilkes-Barre at the State Conference of Charities and Corrections, now the Pennsylvania Welfare Conference. At the same time a committee on municipal charities of Philadelphia developed a concern for what the group called the "public charities" of the state. The Wilkes-Barre conference adopted a resolution citing the need for a nonpolitical agency that would inform and guide the people as to policies, functions, and administrative standards of private and state charities through which could be expressed citizens' concern for legislation and administration in this field.

The founders of the Association, led by Dr. Charles Harrison Frazier, believed that citizens, if they are to meet their responsibilities, should concern themselves in public affairs. They believed that an informed citizenry is a bulwark of democracy. The Association makes studies, undertakes educational campaigns, confers with public officials, and takes action in the fields of correction, family and child welfare, public assistance, mental hygiene, and public health. It is also concerned with the extension of the merit system in public service.

These thumbnail sketches of the activities of two state-wide organizations point up some bench marks for other states. There is the special problem dramatized in human terms; there is fact-finding; exchange of information and discussion of common problems; co-operation with other public and private state-wide organizations, since the interrelation between them is important in state-wide planning; consultation with local units and an attempt to relate their problems to those of the state; continuous, persistent effort over the years; the drive for good administration and the merit system; legislative effort and social action; and the mobilizing of public opinion and citizen participation.

In many respects, the operation of these two state agencies follows a pattern which has almost become standard on the local level. Local community chests and councils have long recognized the need for sound fact-finding, for interpretation, for competent staff, for tackling

² *State Charities Aid Association News*, XXXII, No. 8 (May, 1942), p. 1.

specific felt needs, for pooling of information and effort, and for wide partnership with lay and citizen groups.

An application of the lessons learned on the local level, as well as the experience of successful state associations, will help groups to avoid pitfalls in launching new organizations. We need to realize that people do not live somewhere in the ether on a "state level," but that they live on farms and in villages and hamlets and cities. State problems are often local problems in the aggregate. Consequently, much we do must be rooted in the local communities.

Groups in each state need to take stock now. Is there a vital need for a state organization? If so, how widespread is the recognition of that need? If fumbling and bumbling are to be avoided, the tested experience of others should be drawn upon, and the known principles of good community organization should be used. Among these principles are the following:

1. All groups that are concerned should be in on the ground floor in attempts to form a state association. During the past few years organized labor has been taking an increasingly vigorous role in social welfare movements. Is labor represented on the organizing committee?
2. Together, representatives of organizations concerned should study the situation and launch the organization only when sufficient (at least minimum) financing is in sight for staff and program.
3. They should agree upon the objects and form of organization so that it will be clearly understood what is to be done, and who is to do it.
4. Wide citizen backing and support should be in sight through financing, membership, and board participation.

To the normal process of development in state-wide planning activity the end of the war has added the factor that decisions must now be made regarding the immediate future of several war-related movements. State defense councils, state war chests, and emergency commissions on delinquency, child care, mental health, etc., have had and will have to determine their future course of action. They can go out of business, adapt their programs to peacetime needs and continue, attach themselves to existing permanent bodies, or become the center for the development of broad planning and coördinating bodies for health and welfare purposes.

Any group attempting to plan for a state-wide organization should do the following: (a) define the needs and the activities and services

to meet them; (b) review existing programs which meet any of these needs; (c) set down the principles which successful organizations have used; and (d) know what has happened elsewhere. It is always wise to avoid the mistakes of others.

Mr. Folks suggests two quite different lines of approach in achieving maximum results by democratic agencies of government. He calls the first line of approach that of direct action with the aim of getting the greatest results in the shortest space of time. This method, he believes, tends to avoid discussion, and is irked by the delays of established procedures and the necessity of securing an informed public opinion. It depends upon the *blitzkrieg* attack and the subtle use of political influence. It does not take into account the ultimate effect upon political life, and the stultifying of citizen interest in government.

The second approach "consciously adopts democratic processes in reaching democratic results." It collects facts; it informs public opinion, it clarifies its purpose; it supports its requests to legislative and administrative bodies with carefully documented data; it welcomes the test of public opinion. "It is deeply concerned that all of its activities should tend to refine and strengthen the characteristic qualities of a democratic government."

All our techniques, all our carefully laid plans, will be as empty as tinkling brass if back of it all is not an intense determination that the democratic process shall be paramount. In this process we shall need to have a clear conception of what education means, what are its limitations, and who it is we propose to educate. Is education the distribution of throwaways on doorsteps, or is it finding and convincing key individuals who, in turn, give leadership to our effort? How shall we use explosive indignations, such as the current one over the shameful conditions in our mental hospitals? How may we build a steady, persistent program that everlastingly keeps plugging for a definite objective? How may we use local groups, such as councils of social agencies, so that much of our planning will be down to the shale and the grass roots?

This all means that we should be glad to have our recommendations debated in the market place, to have public hearings called by legislative committees, to have various groups share with us in consideration of problems, to be challenged on the basis of facts. What we need to fear are public apathy and political skullduggery.

The following is a condensed presentation ³ of the four main approaches to state-wide community organization:

1. *State-wide welfare conferences and associations of social workers.*—The September, 1945, directory issued by the National Conference of Social Work lists a state conference in every state except Nevada and New Mexico. All such conferences should be considered as occupying a portion of the field of state community organization even though their programs, their purposes, their structure, and their effectiveness vary.

Thirteen of the conferences have full-time paid executives, and seven have part-time staff members. While traditionally the conference serves as a forum for discussion, nevertheless in at least thirty states there is evidence of an "action" program of some kind, especially in the area of state legislation. In some states "action groups," composed of individual social workers, are established apart from the conference.

The conferences in Nebraska, Wisconsin, New Hampshire, North Carolina, and Pennsylvania have been especially successful in the matter of lay participation. This naturally has some bearing on the type of community organization program which is conducted. Many of these conferences have regional organizations. For instance, the Texas Social Welfare Association has nineteen regions. Where counties within regions are also organized, they are called chapters. Downing E. Proctor, the director of the Association, writes that the program is now concentrating on the development of community organization in smaller communities. Georgia and New Jersey also emphasize this activity.

All in all, there seems to be a trend within the state conferences toward the adoption of broader community organization functions. This, in turn, is reflected in broader bases of membership and participation.

2. *State citizen associations.*—I have already mentioned two of the trail blazers in this field. There are, however, others which deserve mention. There is the New York State Citizens' Council, organized in 1943 to strengthen continuous community planning. It is an independent, voluntary, nonprofit assembly of citizens.

³ I am indebted to Lyman Ford, of Community Chests and Councils, Inc., for much of this material.

There is the Ohio Institute, started in 1912 with headquarters in Columbus. For many years it has attempted to meet a need by getting the facts and interpreting them fairly, formulating constructive plans and suggestions, presenting them at strategic places, and earning the confidence of public officials. It is not a pressure group. In state-wide matters it serves as a central clearinghouse for the social planning of local planning councils.

For many months discussions have gone forward in Ohio looking toward the development of an even more active state-wide planning and coördinating body, building upon the framework of the Institute. These discussions resulted in the organization of the Ohio Welfare Council, which has taken over and will expand the Ohio Institute.

New Hampshire has just developed a new organization, the New Hampshire Citizens Council for the General Welfare. An executive secretary has been engaged, and details of the organizational structure will be worked out during the first year of operation.

In May, 1944, the Office of Civilian Defense in Washington stated that twenty-four state defense councils had active committees on one or more phases of health and welfare work. Where health and welfare activities of these councils have survived, it has apparently been as separate groups, such as child care, social protection, and youth committees, with the exception of two states.

Both Georgia and Tennessee have provided permanent auspices for the community service activities of their state defense councils. In Georgia the legislature enacted special legislation creating the Georgia Citizens Council "to coördinate volunteer civilian war and postwar programs and to promote the development of human resources in the state." Lon Sullivan states that the Council, which is financed from public funds, is trying to awaken the citizenry to the social needs of the state. This raises the question as to the place of the publicly financed body in state-wide planning. This should be explored. In Tennessee the Governor by executive order transferred the activities of the state defense council to a newly created community service unit of the State Planning Commission. One of the chief functions of this unit is "to be of assistance to some 90 local community councils which have been converted from former defense councils."

A number of other organizations might also be described here, such as the Massachusetts Civic League, the Delaware Citizens As-

sociation, the Committee for Kentucky, and state committees of the National Council on State Legislation. All of these, however, have a considerably broader field of interest than health and welfare.

3. *State war chests*.—Federated financing of voluntary appeals for health and welfare purposes in local communities received its greatest single stimulus from the war chest movement of the first World War. The second World War saw the extension of the war chest idea to the states and to the nation. Every state organized an autonomous money-raising body to assume responsibility for raising the state's quota in the National War Fund campaign. Community chests almost universally became combined community and war chests so that the major effort of the state organization was directed toward coverage of the smaller communities and rural areas not included in established chests.

Locally, federated financing, while only one part of the community organization job, has been a tremendous influence and often the starting point for broader planning and coördinating activities. Whether the recent war experience with state-wide financial federations will exert as great an influence on the development of state-wide planning is not clear. It is safe to say, however, that this experience will prove to be an important factor in stimulating action in a number of states.

The possibility of the immediate development of state community chests on a peacetime basis appears to be remote. During the war only four state war chests, namely, those in Mississippi, Washington, Oregon, and North Dakota, made direct appropriations regularly to peacetime agencies. In all but a few states great stress has been given to the fact that the war chest was an emergency device. State leaders have been careful to avoid any appearance of wishing to perpetuate themselves or their organizations.

At this writing, many states are in the process of deciding what to do about their war chests. A recent check indicated that practically every state will dissolve its war chest as an organization and that in thirty-one states there is little likelihood of any continued state activity stemming directly from the war chest experience.

In a number of states there was conscious effort to build soundly for the future while doing the war emergency job. It must be kept in mind that the experience gained, the leadership developed, and the conception of the community organization job to be done at the

state level are the really valuable products of the state war chest movement. Whether or not the actual machinery stays in existence is not so important. It should be recalled that of the hundreds of local war chests in operation at the close of the first World War, only a few converted immediately into peacetime community chests. But the seed had been sown, and the steady development of the coöperative movement from that point on was assured.

4. *Associations of local community chests and councils of social agencies.*—The executives of chests and councils in many states have been accustomed to meeting together periodically for exchange of experience and, in a few instances, for joint action. Recently several states have taken steps toward establishing more formal state associations of chests and councils. The principal motivating reasons seem to be need for joint action on state planning and financing matters and service to local community organization efforts in the smaller communities.

California has in the planning stage a rather extensive organization of local chests and councils to carry on many of the state war chest activities which were found to have value; to participate in state-wide planning; and to supplement the services of Community Chests and Councils, Inc., to communities within the state.

The California Conference of Social Welfare, which has been a force for social action in state health and welfare matters, will apparently continue separately.

Michigan and Massachusetts will probably develop somewhat similar bodies.

While from the experience outlined we have gained certain guideposts, nevertheless we still need further experience in order to set up specific principles for the operation of state community organization bodies. It is significant, however, that the spotlight has been turned upon the state as a "community" for health and welfare planning. It is clear that there should be a continual interchange of material and experience between state groups in order that good methods, principles, and techniques may be crystallized. We shall get the kind of state services which our citizens demand. If democracy rests on the consent of the governed, then real democracy requires the participation of the governed in government. Some kind of state organization to channel good will and the concern of the people is essential. I believe, then, that we need to gather information for exchange of

experience between states and to give the states guidance in developing their services to communities. Information on the community organization experience of smaller communities should be gathered in order that such experience may be available elsewhere. There should be experimentation on the adaptation of community organization patterns to smaller communities or the development of new patterns. Finally, it is important that we study the experience of both public and private state-wide community organizations.

PLANNING SO THAT EVERYBODY BENEFITS

By C. Whit Pfeiffer

TWO CONVICTIONS, whose adherents are increasing in number, are of great significance to all those engaged in planning community programs for health and welfare services. The first of these is a more expansive recognition of the fact that the combined services of our health, welfare, and recreational agencies are designed quite literally for the direct benefit of the great majority of our urban families. The second is the belief that it is possible, on a voluntary basis, to achieve effective coördinated planning among the multiplicity of agencies—public and private—rendering these services, to the end that everybody may indeed benefit.

Bradley Buell focused attention sharply on the first of these convictions when he entitled his summary of the Syracuse study "Everybody Benefits."¹ Buell points out that numerous studies reveal that from 60 to 70 or 75 percent of the families in any urban community utilize the services of health, welfare, and recreational agencies. The title of his article has now become the first half of the national slogan for the community chest campaigns: "Everybody benefits, everybody gives."

When we face the fact that most of our people need and utilize our health and welfare agencies, and when we capitalize on that fact and sell it as a reason why everybody should support their work, we who are responsible for planning community programs assume tremendous obligations—obligations much greater and more far-reaching than they would be if we were planning simply for the "submerged tenth." Moreover, it is sound democratic doctrine to call upon the community to support these programs. It recognizes that all of us, irrespective of economic, social, religious, racial, and other differences, have certain common needs and obligations which can be best met through organized community services and facilities. These programs thus become, in effect, coöperative community projects of self-help and self-fulfillment, upon which we all depend much as we do upon educational and religious institutions, transportation,

¹ *Survey Midmonthly*, LXXX (August, 1944), 212-17.

and other community facilities. When we look at it that way, we are almost appalled at the responsibility involved in trying to see to it that health and welfare services are adequate for the needs of everybody.

That chests and councils² have a growing understanding of this responsibility seems indicated by several wartime devices designed to bring people and services together. One example is the information and referral center. In 1943 there were only four or five such centers in the country, whereas today, according to Community Chests and Councils, Inc., nineteen councils in large cities have referral centers distinct from the veterans' centers, and a few veterans' centers also serve the general public. Interest in this community service is growing, and a number of cities will, in time, doubtless convert the veterans' centers into general referral bureaus.

The veterans' service center is a specialized application of the same idea that services should be made readily available. In Los Angeles seventeen different agencies—both governmental and voluntary—have offices and staffs as a part of the center, and most referrals are made from one office to another. This plan really brings services and people together, but its cost makes it financially prohibitive for all but the larger cities. In general, however, veterans' referral centers continue to be extraordinarily helpful to countless thousands of returned servicemen.

These central information and referral offices do not, however, seem to be quite enough to bring people and services together in communities whose service boundaries are far-reaching. In at least one hundred communities, the geographic area within which money-raising activities could be conducted was extended during the war, and services must follow accordingly. In such situations, distance, travel time, and telephone toll charges limit the serviceability of centralized operations.

In Los Angeles, we believe that we have found a satisfactory answer to the problem through what we call the "district welfare center." When the Los Angeles War Chest expanded its territory to include ten outlying municipalities and several unincorporated communities, we had to work out a plan to extend the services of casework and group

² The generic term "council" includes the council of social agencies, social planning council, welfare council, welfare federation, or whatever association or federation may be set up for cooperative community planning for health and welfare.

work agencies and the Visiting Nurse Association. These communities were far removed, in most instances, from a central office or any pre-existing agency district office. They wanted physical evidence that services were actually being made available to them. It was important that members of school faculties, police officials, and other potential case finders could have easy access to requisite services. Since it was financially impossible for a whole series of agencies to establish numerous new branch offices, the Los Angeles Welfare Council devised the district welfare center which is, in effect, a joint branch office. The Council supervises the general operation of these centers, the Chest provides the overhead expense, and the agencies set up branch headquarters therein. An agency may use one center no more than one or two half days a week, while in another center it may operate a full-time branch. The County Bureau of Public Assistance also utilizes two of the five centers and will go into some of those soon to be opened.

Each center serves about three municipalities or communities with combined populations ranging from 45,000 to 80,000. Beginning early in 1944 with three such centers the Council now has five, several more are "in the works," and ultimately there may be twelve or fifteen. When that point is reached we shall have covered the entire periphery of the Chest area. In several centers the County Bureau of Public Assistance will coöperate as a full partner in the enterprise, and its district workers are taking a leading part in establishing the centers. Closely connected with the district welfare centers is the corresponding development of district welfare councils, all of them tied together through a Council Committee on District Planning which is represented on the Council's governing Board. This committee includes representatives from all the district councils, from all the divisions in the Welfare Council, and from some other community-wide organizations, such as organized labor, the County Department of Charities, and the coördinating councils. It is proving an excellent medium for the interchange of ideas among the different councils and has great potentialities in helping to work out proper relationships among neighborhood planning, district planning, and area-wide metropolitan planning.

This development has not come about easily. There have been plenty of problems and many a headache. For one thing, most of the early steps were taken "wrong end to." The Chest extended its ter-

ritory, and then the Council hit upon the district center idea before it had set up either the district councils or the District Planning Committee which now guides the entire operation. There was also the difficulty experienced by the agencies in obtaining personnel, so that frequently the Council found that it was offering and publicizing services for which it did not have the staff. Nevertheless, and notwithstanding the lack of sound planning in the early stages of its development, the center programs and the district councils have proved a genuine campaign asset to the Chest; their abandonment would be vigorously resisted.

These devices help make it possible for everybody to benefit. They also help to reveal gaps and shortages in community programs. But mainly they simply make it easier for people to get those services which are now available. An even more important job for councils is to see to it that our communities provide a properly balanced diet, so to speak, of the needed services and facilities.

This brings us to the other point, namely, the conviction that through the councils we can achieve effective coördinated planning among the many agencies—public and private—which undertake to supply needed organized health and welfare services. Logic and experience show that without conscious planning efforts, agencies individually will not achieve a properly balanced program, well adjusted to community needs. The importance of effective, coördinated planning cannot be overstressed. Its desirability is commonly accepted, but our preachments far outrun our practices.

The Council's efforts at health and welfare planning in Los Angeles are beset by many difficulties. The seven-hundred-odd square miles of Council-Chest territory stretch forty miles in length, and include thirty-one school districts and thirty-five strongly self-conscious cities and communities.³ There has been a population increase of nearly a half million in six years; there is a terrific shortage in housing and in almost every community facility; and there are plenty of postwar economic and social disruptions of every kind. It is therefore natural, I suppose, that several health and welfare agencies should have been without benefit of community planning. Even so, I gather that other metropolitan areas differ from us more in degree than in kind.

If health and welfare planning is to be effective it must have a

³ Parts of the Council's activities, i.e., the Social Service Exchange and some work done by the research department, cover virtually the entire county.

direct bearing on program budgets and financing. That is the classic reason commonly given to support the doctrine that chests and councils should be integrated. Certainly there must be close relationship between chest budgeting and financing and council planning. It is my impression that wherever there are reasonably good councils, such interrelationships have been achieved, whether or not the council stands apart from the chest as a separate legal and administrative entity. In a few communities the chest goes so far as to turn the basic budgeting job over to the council. In Los Angeles the Council selects two fifths of the Budget Committee members, and our divisional staff directors serve as consultants. Unless some such close tie-up prevails, the council's planning efforts lose much of their effectiveness.

Although the Los Angeles Council's role in Chest budget-making is less comprehensive than that of the councils in some other cities, it wields a real influence on the progress and development of Chest-agency programs. Our Youth Project is one example. In effect, the Chest turns over to a Council committee \$250,000 annually. This committee, made up largely of representatives of the coöperating agencies, allocates funds to the eleven youth-serving agencies included in the Project; it passes on all agency personnel, sets up the budget for area coördination and other joint services, and does all these jobs in immediate relation to the continuous planning processes of the Project. The Project has achieved most gratifying results in reaching many thousands of youths; in developing a high degree of coöperativeness, not only among the eleven Chest agencies, but with the public organizations and other community groups; in curbing juvenile delinquency; and in making substantial progress in interracial participation and understanding. These results make a strong case for joint agency budgeting through a Council committee.

This, however, is a rather special case, and therefore may not point up so well the results which may be attained through normal budgetary procedures with council participation and consultation. Perhaps a better example would be the work done by the Los Angeles Council early in 1944 in developing a series of priorities of need. These were accepted by the budget committees, and the Council's representatives on those committees, with the staff consultants, were helpful in working out their practical application. To cite one item: The No. 1 priority called for expansion of psychiatric clinics. The Health Division of the Council figured out the best way to apply

this priority, and the Budget Committee accepted its ideas. As a result the program of the Child Guidance Clinic and the program of the Adult Psychiatric Clinic were more than doubled. Numerous other instances could be cited, and every council in the country worth its salt can give similar illustrations.

The weakness in all this is that the Council does not have similar relationships with the budgeting and financing of important non-Chest agencies, both public and private. Nevertheless, that does not imply the absence of a fine spirit of coöperation. Our recent recreational survey⁴ highly commended our Youth Services Division for the excellent spirit of coöperation between public and private agencies in that field. The commendation was deserved. The same coöperation exists between the agencies and the other three divisions of the Council and, in fact, is present in all activities of the Council. Public agency administrators and board members constitute more than a third of the Council's executive board, which also includes other excellent non-Chest and community-group representatives. These people play vital roles in all Council activities and constitute a significant part of the appointments to the Budget Committee.

Such splendid coöperation helps to relate Chest-agency programs to non-Chest programs, both public and private. It has also undoubtedly had some effect on non-Chest programs, partly because our divisions work directly on many special problems of concern to non-Chest as well as to Chest agencies. In general, the non-Chest agencies do not turn to the Council for consultation and advice concerning their budgets and programs as do the budget committees for Chest agencies. Rather, they do their own planning individually. Thus the benefits of coöordinated planning and budgeting which are secured for Chest agencies are not realized for highly important public programs and non-Chest private agencies as well. To me, this seems to be a fundamental weakness in our planning efforts.

The weakness grows out of the fact that these non-Chest agency services constitute the majority of the total program. Studies of expenditures reveal that, ordinarily, tax funds pay two thirds of the total health and welfare bill. The 1944 study shows that in Los Angeles County, Chest allocations comprised only 3.7 percent of the total; in

⁴ Roy Sorenson and associates, *Recreation for Everybody* (Los Angeles: Welfare Council of Metropolitan Los Angeles, 1946).

San Diego it was 3.5 percent. In the health field, non-Chest contributions exceeded Chest allotments by 56 percent. I know, of course, that studies in other cities have shown chest allocations running as high as 7 percent or more with relatively few non-chest contributions. I know that in Los Angeles some non-Chest donations go to Chest agencies and that Chest-agency budgets average at least double, or perhaps triple the Chest allotments. I know, too, that there is great variation in the different fields. In recreation and social group work, for example, the budgets, including earnings, of private agencies—and these are mainly Chest agencies—exceed public appropriations; whereas, in relief and family service, public funds constitute 90 percent of the total. I recognize, finally, that the programs of the Chest-supported agencies have a total significance in community life which far outweighs their relatively minor budgetary position. But when all is said and done, the fact remains that the major portion of our community services for health, welfare, and recreation is not Chest-supported and does not receive the benefit of integrated planning and budgeting. We are therefore falling far short of the goal of genuine total community integration of planning and budgeting.

We can see the consequences of this by referring to the work of our Health Division and to the health situation in Los Angeles. We have a strong division, one of four health councils rated as excellent by Dr. Philip S. Platt, co-author of the Gunn-Platt report.⁵ The Health Division has done much effective work, but when we examine its most outstanding accomplishments over the past four years we find that, with few exceptions, they were achieved through the close relationship between the division and Chest budgeting.

On the other hand, notwithstanding its broad participation and vigorous, dynamic leadership and program, and notwithstanding the fact that in 1944—exclusive of fees paid by beneficiaries—we spent in our county nearly eighteen million dollars of taxes, contributions, and endowment income for organized public health and medical services, we find many discouraging situations: maldistribution of voluntary health agency activities, a badly underfinanced health department, and shortages in hospital beds, nursing service, dental clinics, psychiatric service, and certain types of public health education. These

⁵ Selskar M. Gunn and Philip S. Platt, *Voluntary Health Agencies* (New York: Ronald Press, 1945).

situations cry aloud for a strong program of coördinate planning. In no other way can we find the answers to the problems that bear in on us on every hand.

What does this mean for Council planning activities? It means that relating council planning to chest-agency budgets alone is not enough. It means that we must strive to achieve the total integration of planning and budgeting in all fields of health and welfare service. At least all the major agencies—public and non-chest as well as chest—should be willing to throw their budgets and programs into the council hopper for the collective analysis, evaluation, and judgments relative thereto to be made by the appropriate divisional groups on which they are all represented. These collective judgments should cover such items as whether the program responsibilities have been appropriately assigned; whether the activities are needed or obsolete; whether or not they are being effectively conducted; whether each program should be expanded, contracted, modified, or eliminated, to the end that all together, each in relation to the others, combine to make up a sound total of services so that everybody really is able to benefit.

These judgments should be clearly expressed to the respective boards and to the appropriating bodies. This process would in no sense detract from, or alter the legal or other responsibilities of, departmental or agency boards or appropriating authorities. Those bodies would have to determine how far they would be influenced by these collective judgments. The weight and effect of all such recommendations would have to depend, not on any compulsive authority, but on facts, logic, persuasion, public sentiment, and a genuine desire on the part of each agency or department to coöperate with all the others.

There are some precedents for this type of program. During the war the Los Angeles Welfare Council had an interesting experience in integrating planning and budgeting for the Lanham Act child care centers, through what was known as the Child Care Coördinating Committee for Women in Industry. This was not a Council committee, but the Child Welfare Division promoted it and the Council staff played no small part in its activities. It included direct participation from all interests affected—war industries, organized labor, parents and teachers, school authorities, Federal agencies, and social work. Needs, programs, budgets, finances, fees, were all considered

in relation to each other and, although the committee had no authority other than to make recommendations and suggestions, which it did freely and vigorously, its job was so well done and the coöperative attitude of all participants was so wholehearted that the results were phenomenal. That is shown, in part, by the fact that during the life of the committee the total enrollment in all centers in Los Angeles County went up from less than thirty-five hundred to a maximum of nearly twelve thousand children.

Another precedent is a proposal made by our recreational survey⁶ for the creation of a Recreational Policies Committee. The plan is that the committee should be made up of top representatives drawn equally from public and private agencies responsible for recreation and social group work. With its various technical subcommittees it would arrive at collective judgments as to function, program, and need with respect to recreational and group work services and facilities.

It is of interest to note that one of the steps which led to the decision to make the survey exemplified the process of joint analysis and evaluation through a Council committee. By agreement arrived at in our Agency and Area Study Committee, the public and private agencies, Chest and non-Chest, which were active in our Youth Services Division and which had been formulating plans for building and facility expansion, decided that each should submit its plans to the group for joint consideration and recommendations. While each agency had done much excellent work, individually, in preparing its own plans, it soon became evident that the great weakness in all lay in the fact that each of these plans had been made without adequate knowledge of the others. It was also pretty obvious that if any committee were to evaluate the validity of the separate proposals, our survey, which was already under discussion, would be indispensable. In a minor sense, at least, this might be considered as something of a precedent.

There are at least one or two communities, however, where we can find even better precedents. In Pittsburgh the budget of the juvenile court is reviewed by the council's divisional committee, and the recommendations from the council have had a constructive influence on county appropriations. In Cleveland the council does the individual agency budgeting for chest agencies in much the same man-

⁶ Sorenson, *op. cit.*

ner, apparently, as our Youth Project Executive Committee budgets the eleven agencies coöperating in that enterprise. But the pertinent point is the fact that several divisions of the Cleveland Council review budgets of public departments and exercise considerable influence. Here, it seems to me, is a first-rate precedent for the plan that I have outlined, as well as results which indicate its soundness.

How will non-chest agencies respond to the suggestion that the council review their budgets? How can we overcome the common impression that the council is primarily an association of private chest agencies, or that it is merely an appendage to the chest? Are we properly set up to do the job? Do we have genuine and adequate participation and representation from public departments and other non-chest agencies? Do we have adequate and competent staffs, sufficient budgets, democratic procedures, a minimum of red tape, freedom from vested interests or from any kind of improper domination? In short, do we deserve to be charged with these grave responsibilities? Can we measure up to them? Therein lies the challenge to the councils. The services of our health and welfare agencies are so vitally important to so many millions of people, the total amount of public money involved is so great, and the need for effective, coördinated planning is so critical, that we cannot afford to fail. This is a challenge that we must meet. We must meet it because one of the imperatives is to make sure, so far as is humanly possible, that everybody does benefit.

COÖPERATIVE INTERPRETATION

By Clare M. Tousley

IN THE FALL OF 1945 a coöperative undertaking was launched in New York City by the eight family agencies and the Welfare Council of New York, and the springboard was a subway card which read thus:

WHEN PROBLEMS ARISE—

New York's Eight Private Family Agencies in All Boroughs
offer personal consultation and help to
people from all walks of life, all creeds.

For Information about Neighborhood Offices Call
ALgonquin 4-5500

WELFARE COUNCIL OF N.Y.C. (INFORMATION SERVICE)

44 EAST 23RD STREET, NEW YORK 10

Some four years ago the city's nonsectarian, Catholic, and Jewish family agencies, then numbering eight, decided to band together informally for the one purpose of presenting a common front and offering an interpretation of family service work to the big, sprawling city of New York, so that their services could be used more widely and appropriately. The immediate impetus was the war and a desire to be of quick and direct service to people with problems on the home front. The eight agencies together also issued several leaflets directed to diverse audiences such as workers, schools, selective service boards, and veterans. The leaflet to be issued in the fall of 1946 will be a generalized one on family counseling, directed to people from all walks of life.

When the joint Public Relations Committee of the eight agencies suggested to our executives that we try to secure free space in all subway and "L" cars, buses, and commuter trains for a display card, the cost of which was to be divided among the agencies, we hardly anticipated what, in the end, happened. It was our conviction that greater efforts must be made to publicize social work so that the social worker may become a part of the daily American scene. It was our intention to show that the social worker, like the teacher, the doctor, and other professional people, performs a service that should be available to all people in a well-run, civilized city. The card was, to us, an

offer of service to the people of our city rather than just one more car card requesting contributions.

We did not dream that the subway card would do much more than start people thinking that social work is for people from all walks of life. We were, therefore, exceedingly surprised by the rush of calls that began the very day the poster went up. The eight agencies had worked out with the Information Bureau of the Welfare Council a plan whereby the Council would handle all applications and route them to the appropriate agencies. We offered the Council the services of caseworkers from our agencies, but we did not really believe that they would be needed. We were, however, somewhat overwhelmed by the response and hastily organized to help the Council when hundreds of people began telephoning there or calling in person. Within the three-week period in which the poster was on display some nine hundred people asked for help with their problems or requested information. More than 90 percent of the inquirers were unknown to the Social Service Exchange.

The fact that the director of the Council's information service is a professional social worker with training in casework interviewing and in community organization insured professional service for all those who sought information. The public who telephoned for advice were, during the first week, given a chance to unfold the nature of their request sufficiently to enable the Information Bureau to steer them to other than family agencies if this course seemed to be indicated. As a matter of fact, almost half of those who inquired were appropriately referred to some of New York's 600 welfare and health agencies—such agencies as the following, to name only a few:

- Federation Employment Service
- United States Civil Service
- United States Employment Service
- City Vacancy Listing Bureau
- Girls' Clubs
- Young Women's Christian Association Room Registry
- Central Bureau for Jewish Aged
- Legal Aid Society
- New York City Committee on Mental Hygiene
- Bureau of Child Guidance
- Cancer clinics
- Missing Persons Bureau
- Office of Price Administration
- Spence Chapin Adoption Service
- Veterans Service Center

Information was also given concerning the Welfare Council itself, about adoption procedure, or as to where in New York City, besides the Municipal Building, one could secure a marriage license. One woman asked if we could make her employer pay for a month of her services as governess. She had been given only three days' notice and pay. Then there was an inquiry from a man who had been repeatedly called for jury duty. He was willing to do his fair share, but how could he get out of serving an undue number of times? And so the questions went.

If it was obvious that the inquirer wanted help with a family or personal problem the staff of the Council's Information Bureau asked whether he preferred a sectarian or nonsectarian agency. The next step, in that first week before the intake became too heavy, was to ask the inquirer whether the Council could call him back in a few minutes after an appointment had been made for him at the neighborhood office of the family agency of his choice. This procedure, as it turned out, was the better plan; for later, when the inquirer was asked to get in touch with the district office himself without an appointment having been made for him, his none-too-firm conviction that he should approach a social agency seemed to crumble, and many inquirers in this group never turned up at the district offices. One needs to remember again that 90 percent of all these people were new to social work and had great hesitations about using it unless the way was pretty smoothly paved for their first introduction to this profession. Another important factor was that the majority of these inquirers did not request financial help, but desired aid with problems noneconomic in character. We were pleased that the poster had apparently been successful in making it known that the eight agencies had this broad service to offer the people of our city.

Now a study of the whole experience is being made by a student of the New York School of Social Work. Some of the questions she is asking the eight executives as a basis for her study are:

How many referrals from the Welfare Council made application to your agency?

Were the referrals appropriate to the service of your agency?

Of applications made, how many were made cases?

How many on application were referred to other community resources?

Could, or should, further screening of applications be made at the Welfare Council?

Was the intake attributed to the subway poster absorbed through your normal intake processes, or was a special plan required to handle it?

How many of these applicants had been previously known to your agency? To other family agencies? To the Social Service Exchange?

Were any of these applicants fee service cases?

Was there any "trend" in the kinds of problem presented?

What preparation for intake staff and for casework volunteers at the Welfare Council do you think would be advisable if a similar subway placard should be used again?

Let me quote from the January 4th issue of the Welfare Council's own publication, *Better Times*:

Even today, two months after the poster's last appearance, people call daily saying, "I saw your ad in the subway."

Who asked for help, and what sort of help was needed? Less than 5 per cent of the requests were for money. A great majority were for assistance in settling family problems. So wide, however, was the total range of problems brought to the Council that 71 other agencies in addition to the family agencies were used for referral. In a few cases where simple information was desired, this was given on the spot at the Council.

More than 400 of the first 642 subway inquiries were referred to the neighborhood offices of family agencies. Many of these problems, as told to the Council, were complex enough to call for all the skill and resourcefulness which the agency could bring to bear. Typical were questions involving the placement of children and their protection from neglect or abuse, the management of children who had swung out of control, and the care of the old, infirm and convalescent.

A mother wrote to present the problem causing her anxiety—the future of her 23-year-old son, who had defects in speech and coördination which prevented him from getting or holding a job. "My husband and I are both getting along in years and we are truly worried what may happen after we both pass on," she said. An interview was arranged with an agency aiding the handicapped.

Another mother, divorced from her soldier husband, had come to New York from Alabama with her three children. After sixteen months' employment in a war plant she was laid off with a swollen ankle. Her problem was money to care for the children until her husband's allotment, held by the Alabama court, was sent north, and medical attention for her ankle, so that she could recover and again seek work.

A man in Queens asked how he could get a bus shelter built to lessen the hardships of people who had to wait in winter weather as long as half an hour for a bus. The sister of a leukemia patient wanted help in getting additional blood donors.

Next in bulk to the family problems came housing troubles. Fifty-three people were referred to housing agencies, in addition to others sent to the Legal Aid Society and to the Office of Price Administration. Tenants asked how to cope with their landlords, and landlords applied for relief against tenants who they said had become unbearable.

Not every landlord-tenant call, however, was a simple case of economics. One landlady asked the Council's help in getting rid of an elderly tenant who, it developed, had become paralyzed, was unable to speak English and needed almost constant care. After a talk with the tenant's daughter, who was able to pay a moderate amount for care, the case was referred to a medical agency.

One strikingly handsome young man came in and sat for a while, too confused and "numb" as he said afterwards, to start talking immediately. He was a newcomer to the city, son of an immigrant family. His father was dead, and the only person left was a stepfather whose foreign ways he couldn't stand. When he lived with the stepfather, he felt driven away. When he left, he was obsessed with a sense of guilt.

An appointment was made for the boy to see a psychiatric social worker.

A mother came in with two small children whose blonde curls attracted the attention of everyone in the office. Her husband had gone out one day to look for work and had never come back. She and the children had moved in with her mother, who looked after the youngsters while the woman worked. This, however, was not working out well. The children, though well behaved, were lively, healthy youngsters who exhausted their grandmother. Now she had become ill and some change seemed imperative. The children's mother was very perplexed as to the next step. She must work. Should she place the children in a nursery or in a foster home? Where could she move with the housing situation as it was? She knew these questions could not be answered in a moment and she was glad to have an appointment at a family service office.

Let me generalize a little on the experience:

1. Coöperative projects undertaken by councils and their agencies in order to interpret welfare and health services are the most effective way of getting the story across to the public.
2. In a city of any size it is more successful to publicize a group of agencies that are functionally alike rather than a single agency, for it shows the public the coöperative interplay that exists between agencies rather than seeming to advertise a single agency for its own aggrandizement.
3. Very careful plans for the handling of a possible rush of intake should be made far in advance.
4. A careful statistical record should be kept of the results of any such experiment.
5. Information services of councils should be under the direction of a professional social worker in whom the agencies have confidence.
6. Councils of social agencies might well initiate concrete proposals of some such character with the agencies, with the mention of money or chest drives completely left out of them. Such joint publicity should

consist of a straightforward offer of service to the community without any "if's," "and's," or "but's."

7. Finally, every chest and council needs to have in its all-year-round public relations work not only a professional social worker who speaks the language of the agencies and has their confidence, but one who also has convictions about central community organization and chest problems and a clear understanding of them.

BRINGING PEOPLE AND SERVICES TOGETHER

By Sarah E. Marshall

THE EVENTS OF THE PAST FEW YEARS, which have created such serious problems for individuals, have stimulated many communities to provide easier access to social and health agencies. As a result of the attention focused on the need for bringing people and services together, new information and referral agencies have been established. Let us look for a moment at some of these recent developments and consider them, not only as channels through which the troubled person is directed to the service he needs, but also as instruments for community organization and planning.

One problem that came along early in the war years was the need for adequate daytime care of children whose mothers were employed. Along with day care, communities also had to provide ways by which mothers could learn about these facilities. Either the already existing information services, which were experiencing increasing pressure for information on all types of day care, were adapted to meet this need or, as was true in New York City, new consultation centers were established, both as a means of measuring the real need and in order that the community's facilities might be used to maximum advantage. The volume and type of requests provided a gauge of the expansion needed in this field.

Another problem was brought to the attention of agencies by the personnel departments of war industries. All sorts of difficult home situations were emerging in connection with personnel problems in war plants. Production was affected. Questions arose about community facilities. Were they readily available? How did one get to them quickly? Could one be sure that he would be served? General information bureaus operated by councils or chests received many such questions. In some plants either management or labor set up counseling services to assist employees in approaching the appropriate community agencies.

When servicemen began coming home, many communities estab-

lished veterans' information and referral centers. By the time the war was over and general demobilization began, many such centers were operating smoothly. How better could the community planners learn what new services or expansion of existing facilities were needed than to operate a well-staffed, well-publicized referral bureau to which all veterans could turn for advice and direction about any one of their many problems?

In certain specialized fields the use of information services is an old story. Information bureaus of local tuberculosis and health committees and of local cancer committees are well known. These departments are constantly alert to new trends as they are reflected in inquiries, and though primarily designed to bring individuals and services together, they are also keys to community planning in the community organization aspect of the agency's total program.

In a related field another illustration of the value of information services is seen in the Information and Consultation Service of the New York Adult Education Council. Files containing current information on thousands of adult education and recreation facilities are matched each year with the many hundreds of inquiries that come to the consultation department. From a study of the volume and types of inquiries the Council gains a clear understanding of community needs. In watching the whole field, through the gathering of information with which to answer questions, the Council has seen fees rising in voluntary organizations, in private schools, and in university extensions. Foreseeing a dearth of free facilities it has worked for the past two years to secure a broader free program. Another need has been indicated by the day-to-day requests of veterans. Many who had not completed high school before entering the service are now asking for educational facilities, and the Council has done a great deal of campaigning to secure a more extensive program of evening high schools for veterans.

While pressures in certain fields, notably the care of the aged, have stimulated the establishment of specialized information and referral bureaus as a means of ascertaining what the needs are and what plans must be made to meet them, it is my belief that there has not been enough well-planned use of the experience of general information and referral services in connection with community planning. This observation is based on my own experience in operating the general information and referral service of the Welfare Council of New York

City for eight years and, for the past year and a half, in the operation of an information and referral service for the members of the 650 local American Federation of Labor unions in New York City.

Those of us who operate general information and referral services are sometimes puzzled by what seems to be a lack of interest on the part of the agencies. Then too, it is not always easy to convince the agencies of the usefulness of such services. When the decision was made by the Mayor's Committee on War Time Care of Children in New York City to set up day care information and consultation centers, some of the family consultation services were so convinced that it was a duplication of their work that they considered asking the Mayor to withdraw the plan. At that moment the experience of the Information Bureau of the Welfare Council showed that when family consultation services were asked to accept referrals of mothers requesting day care facilities, the intake workers not infrequently would answer, "But she wants a day nursery—why are you referring her to us?" This situation was doubly puzzling because it implied both a lack of acceptance, on the part of the executives, of the fact that an information and consultation service was necessary, and an admission on the part of the staff that such a service should be available.

Another response which we find difficult to understand is this one: "Don't be concerned about whether or not your referral to us is an appropriate one. The person you are sending might have walked into our office from the street. The fact that he is coming from your information and referral service doesn't make him any different from any applicant who just happened to find us." From our point of view he is different; it is not that we want special or preferential treatment for him, but he is different because he had already been assured, not only that there are agencies which exist to help people, but that the agency to which we are referring him is the appropriate agency in relation to his problem. He is not a person who has just by chance happened to go to the agency. Something of the agency's function has already been explained to him, and if the referral service has carried out its function properly, this should be an asset in the client-agency relationship.

Two questions often raised by agency workers in connection with information and referral services are: How can the standards of personnel be safeguarded? How can the already overburdened agencies serve the additional load these "case-finding" referral services will

uncover? Both questions are rightfully the concern of the whole community of agencies, but most particularly they are the concern of the group of professional and lay leaders that are responsible for community organization and planning.

Mrs. Natalie Linderholm, Consultant on Agency Policies, Greater New York Fund, in her article "People and Their Troubles," in the February, 1946, issue of the *Survey Mid-Monthly*, speaks of the information and referral service as one of social work's most useful public relations tools. She raises a question: Is social work making the most of its opportunity to tell the community the difference between quack remedies offered to troubled people and skilled professional service? She points out that information centers should be located in easily accessible places and that in connection with them there should be publicity programs directed toward the user rather than toward contributor interest.

The A.F. of L. Service Bureau in New York, in serving as a link between the local union member and the most appropriate community service, directs its publicity both to user and to contributor interest, since A.F. of L. union officials and members are both users and contributors. We believe that A.F. of L. unions should participate more generally as both. Certainly the union official, after helping to conduct a drive within his union for support of the community services, should not have to raffle off a war bond—which did happen—to raise money for the solution of a member's complicated family problem. In such a situation he should have been able to say, "Our union helps to support the social and health agencies in this city. We are told that these services are good, that they help people in trouble. To which of these services should I turn on behalf of my member?" At this point, the well-publicized information service, whether operated by the chest or the council of social agencies, or by membership groups themselves, has an excellent opportunity to interpret the services of the agencies. And if it should turn out that there is no service available, that union leader, both through official representation on planning committees and through the information services, should be able to say to the community planners, "What is being done about providing services to meet such needs as these which our union members present?"

Those who turn to information and referral departments, especially telephone inquirers, may wish to obtain a clue about the services

without giving any information, or as little as possible, about themselves. They may even wish to remain entirely anonymous, in case they should decide not to go through with an application to an agency. The information worker realizes that he or she has only a brief moment in which to establish a good contact and to assure the inquirer that there are services to help him and that he has a right to turn to them. Anything but a sympathetic tone of voice, and an acceptance of the inquirer's attitude as perfectly normal, may result in a carefully replaced receiver at the other end of the telephone line, and the troubled person seeking help in his faltering, tearful, blustering, or belligerent manner has cut the worker off from any opportunity to be helpful to him. How do we know this, you may ask, if we ourselves always make use of the right technique? We know it because we have had persons tell us, too often for comfort, "I phoned one agency but they didn't know what I was talking about"; or, "they shifted me to three different people and I had to tell my story over and over"; or, "they began asking me questions, so I hung up." A recent article about one of the specialized information bureaus in New York City says that "the power of the kindly word and accurate advice to help solve problems which perplex individuals, families and agencies, is illustrated daily by this information service." The kindly word and accurate information are certainly two essentials in an information and referral service.

However, it must be kept in mind that the information and referral service has a two-way responsibility—a responsibility to the inquirer, whether it is the applicant or a community person calling on his behalf, and a responsibility to the agency to which referral is made. Along with assuring the inquirer that the community does offer a service to meet needs such as those he presents, the information worker must interpret the particular agency's services as accurately as possible and must, at all times, refrain from committing the agency to any specific action in regard to the applicant's problem. Questions such as, "Will the agency pay my rent?" "Will they place my aged mother in a home?" "Will they get my subnormal child into an institution?" must be met with assurance and with careful explanations that the agency exists to help people. The referral service must also point out that what form the agency's help will take depends upon many factors which are beyond the referral bureau's ability and responsibility to determine. It must make clear to the applicant that in the public

agency certain legal requirements must be met, and in the voluntary agency certain other kinds of requirement, but the referral worker must be able to assure him that he will be seen by someone at the agency who will be interested in him and his problem.

Along with this dual responsibility the service is always on the firing line where the community is concerned. Information and referral services are acutely aware of the lag between what the community thinks social workers do and what the social worker sees as his role. The information and referral worker must call on the best skills at his command to bridge this gap. The employer or the union official may make what he considers a normal request. He presents the employee's or the member's problem: father ill in the hospital—mother at home with a young baby and several other small children—some vague statements about how serious and emergent the need is. Will the bureau please ask an agency to send a social worker to size up the situation and see what the trouble really is? From the inquirer's point of view that is a reasonable request. Fifteen years ago it would have seemed so to the voluntary family agency. Those of us who were serving in family agencies in those years can remember the referrals that would come from employers, doctors, principals, ministers: "The Browns are having a terrible time. Mrs. Brown is in the hospital. Mr. Brown is staying at home from work trying to look after the five children. It's all pretty bad. Can you help?" And the agency would answer, "One of our workers will call tomorrow morning." That indicates what I mean by the lag between the community's understanding of the agencies' services and the agencies' actual program. In many quarters the community has not kept pace with the agencies' changing policies. And in many instances, the information and referral bureau must bridge the gap by careful explanation and interpretation.

Another kind of lag is that which is evident when a union official says, "Don't refer this member to the Department of Welfare. I don't want him subjected to the type of handling he will get there." Careful explanation must be made regarding the development of the public assistance program, implying the change from the earlier years when serious mistakes were made by untrained and sometimes ill-chosen personnel. By and large, these mistakes of earlier years, which the union official remembers, do not occur now, but here again the community has not always kept up-to-date on the developments in social services.

This aspect of the work of information and referral services is heavily underlined when the service is operated in connection with a community chest or other fund-raising organization. We are all too familiar with the irate person who asks, "What do you mean by telling me that an agency won't pay this man's hospital bill? What do we contribute money to the Chest for?" There is a whole array of harassing questions, the answering of which requires all the skill and patience the referral service can muster.

I would not maintain that the information and referral worker's "lot is not a happy one." Quite the contrary—it is one of the most stimulating and challenging jobs in the whole social work field. I have mentioned these details to point up the contribution that information and referral bureaus can make to the lay and professional social work leaders in the community who are responsible for planning (including planning for support), organizing, and coordinating the communities' social and health services.

AN AGENCY INITIATES SOCIAL ACTION

By Robert P. Lane

SOCIAL ACTION was taken by the Welfare Council of New York City during July, August, September, and October of 1945. My purpose is to trace the course of that action, to show how it was initiated, planned, executed, and followed up. If I draw any morals, they will be such as seem to a lay preacher calculated to persuade doubting Thomases that on occasion a council of social agencies can perform stoutly in the service of righteousness.

On June 22, 1945, the president of the New York District of the State, County and Municipal Workers of America wrote to the executive director of the Welfare Council of New York in part as follows:

We are deeply concerned with the problems which are flowing out of cut-backs and the beginnings of reconversion. It occurred to us that it might be useful to have a meeting of the various key agencies in New York City which are affiliated to the Council, at which a general discussion of the reconversion problem as it affects welfare agencies could be held. Such a meeting would not necessarily have to have a program presented to it. As a matter of fact, there is no program so far as I know that anyone has thought out, but we did feel that an exchange of thinking on these questions might be advantageous to all concerned, and it might mark the first step in the development of such a program. I would appreciate getting your reactions to this proposal.

On receipt of that letter, the mills of the Welfare Council began to grind. Bear in mind the circumstances in which the grinding had to be done. The sun had set on V-E Day six weeks earlier. V-J Day was scheduled by the God of Battles to break in splendor six weeks later. Not being privy to this cosmic strategy, the Welfare Council's board of directors was planning no meetings in July or August; its members, as well as the staff members of the Council and of its constituent agencies, were already beginning to break ranks and scatter to shore and mountain on their annual leave. One might reasonably have expected the mills of the Welfare Council to grind as slowly as the mills of Longfellow's God. But in those summer months of 1945 God fooled Longfellow as he fooled the Japanese. Exhilarated by the divine pacemaker, the Welfare Council took heart of grace, threw

its mills into high, and made them grind faster than they had ever ground before. If they did not grind exceeding small, I think they may be forgiven.

Of course the grinding got off to a slow start. The president of the New York district of the S.C.M.W.A., having written his letter on June 22, was invited to elaborate his proposal in person before the appropriate Welfare Council committee at its next regular meeting—on July 23. That committee, a large one, thought favorably of his idea. In traditional fashion, it created a small committee "to look into the problems of reconversion in New York City and to explore the resources available to take care of the unemployed during this period." Results of this preliminary examination were to be presented to the larger committee at its first meeting in the fall. "An informal conference of public officials and representatives of voluntary bodies" was to be held as soon as possible thereafter.

But almost immediately atomic bombs were dropped on Hiroshima and Nagasaki, and the Japanese threw in the sponge. Reconversion, with its inevitable cutbacks, layoffs, and all their attendant confusion and suffering, became a hateful and pressing certainty.

The small committee met at once and drew up the following plan for an all-day conference to be held on September 18:

1. The scope of the conference would be: (a) to examine the employment prospects in New York City for the coming year; (b) to review the conditions of the employment services in relation to the load that reconversion would put upon them; and (c) to check over the social security programs for taking care of needy unemployed persons.

2. The conference would be limited to 250 persons.

3. The sole purpose of the conference would be to advise the board of directors of the Welfare Council. Sessions would be closed to the press, but a report would be issued at as early a date as possible.

These plans were approved over the telephone by the chairman of the large Welfare Council committee sponsoring the conference, by the president of the Council, by the New York City Commissioner of Welfare, the New York State chief of the Division of Placement of the United States Employment Service, the regional director of the Social Security Board, and a representative of the Unemployment Insurance Fund.

On September 5 a letter announcing the conference went out to 250 "selected persons interested in New York City's problem of re-

conversion." The official listing of these persons shows the following classification:

- The Board of Directors of the Welfare Council
- The Welfare Council committee calling the Conference
- Appropriate Federal, state, and municipal agencies
- Organized industrial groups
- Organized labor groups
- Veterans' organizations
- Civic organizations
- Educational institutions
- Voluntary social agencies
 - Welfare Council's regional affiliates
 - Functional divisions of the Welfare Council
 - Other federations
 - Family agencies
 - Employment agencies
 - Other agencies (five)
- Selected individuals (sixteen)

Of the 250 persons invited, 143 attended.

The conference program listed ten scheduled speakers. Careful selection of speakers made sure that the conference received the last word in authoritative facts, estimates, and judgment. "The Outlook for Unemployment" in New York City was presented by the Director of Research and Statistics of the New York State Department of Labor; the chairman of the Greater New York City C.I.O. Council's Committee on Reconversion; the Regional Director of the Committee for Economic Development; the Acting Commissioner of the New York City Department of Commerce; and the chairman of the New York City Planning Commission. Equally rounded and balanced presentations were made for two other topics: "Facilities for Helping Workers Find New Jobs," and "Public and Voluntary Services to Meet Needs Arising from Dislocation in Employment." The role and the views of governmental bodies, industry, labor, and voluntary agencies were accorded scrupulous attention.

At suitable intervals opportunity was afforded—and amply taken advantage of—for questions and discussion; sometimes pointed questions, if not barbed, and occasionally heated discussion. After everyone was talked out, the Executive Director of the Welfare Council attempted to summarize the entire day's proceedings—an attempt foredoomed to failure, as he and all others knew, but agreed to in

a moment of weakness and in deference to man's apparently inextinguishable appetite for capsuled wisdom. Nine recommendations were unanimously adopted by the conference and referred to the Council's Board of Directors for consideration and action.

But social action does not pay off on initiation, or planning, or even on execution. It pays off on follow-up. Description of the follow-up of each of the nine recommendations adopted by the conference is not within the purview of this article, so I will report on how the Welfare Council followed up the one that is most directly in point. The recommendation reads as follows:

That the Board of Directors of the Welfare Council look into the situation at the USES for the purpose of assisting in any way it can in obtaining adequate resources to enable the USES to discharge its responsibilities in the reconversion period.

The conference, you will recall, approved this recommendation on September 18. The Council's Board of Directors did not meet in October, but its Executive Committee did—on October 19. At that meeting the following motions were submitted to the Executive Committee and unanimously passed:

That the Executive Committee communicate with the responsible federal officials including senators and representatives from New York State, members of the House Appropriations Committee and the Secretary of Labor, expressing its concern that veterans and disemployed war workers are unable to obtain adequate service in securing job referrals and job information at the local offices of USES because the current staff is unable to carry the suddenly increased load.

That this action of the Executive Committee be reported in *Better Times* as a stimulus to similar action by other agencies and individuals. Such an article would include details of the facts in the situation as discussed in the Reconversion Conference and as amplified by a recent report of the USES.

That simultaneous release of a statement on this action be made to newspapers.

That other local and national groups be approached for consideration of similar action. Such groups might include the New York City Veterans Service Committee, the Committee on Human Aspects of Reconversion, Community Chests and Councils—the latter for discussion of the problem on a nation-wide basis by their member councils.

The president and staff of the Welfare Council faithfully carried through the program outlined in those four motions. All told, the

president signed more than seventy-five letters. The response left no doubt that agency after agency and person after person who received this appeal took independent and similar action in turn. The results in Congress were not what we sought, but that point is not of major significance here. The point of technical interest is that the Welfare Council not only committed social action itself, but induced a great many other organizations and persons to commit the same offense against the *status quo*.

Now what comments should be made on all this? Here are some of my comments—and I'll try not to draw too long a bow.

A council of social agencies, especially in a city of some size, is a large and inevitably a cumbersome body. Large bodies move slowly; indeed, critics of councils assert, and with too much truth for the comfort of anyone but themselves, that the tendency of councils is to move only as a swimmer moves who manages by treading water to stay valiantly where he is. The record of this conference answers that criticism.

A council of social agencies makes strange bedfellows. The proposal to hold this conference came from the president of a C.I.O. union. The man who was then president of the Welfare Council was also president of a private corporation which in 1944 did a larger dollar's worth of business than any other private corporation in the world; he was also president of the Commerce and Industry Association of New York, and a legendary raiser of money for Republican campaigns. This Wall Street leader sat up late at night to sign letters instigated by, and satisfactory to, a leader of the C.I.O.

It is doubtless true of all councils of social agencies that the most diverse and flatly antagonistic views are advanced on almost every issue they consider. That is conspicuously true of the Welfare Council, which operates in a city where things unpleasant as well as things pleasant are heightened, deepened, and sharpened. In the conference here under review, optimistic leaders of industry clashed with pessimistic leaders of labor; academic economists decried, and were in turn decried by, radical spokesmen with little or no economic training; placement workers, hot from interviewing the jobless, faced and outfaced gentlemen of affluence whose chief concern with the unemployed was to suffer with them statistically; government officials had their policies and rulings challenged, and had a chance to reply. Representatives of every group with a demonstrable title to talk

about reconversion had a fair and free opportunity to make their contribution to the discussion. No one could feel shut out.

Some people may feel surprise that in view of all this it was possible to obtain unanimous support for nine recommendations, and on any of them to have taken such action as I have described. But this action and support were possible only because of the preceding free-for-all. Many issues were raised about which social workers feel strongly but on which no agreement could have been reached by so diverse and widely representative a body. The wonder is that unanimity was obtained on anything. Only on a few issues that were specific and timely was complete agreement even thinkable. A limited number of such issues was chosen for action; and the one cited here as illustration—expansion of the USES—is of special significance because it is central to social workers' concern about full employment. One's judgment as to whether it was all worth while will depend on what one regards as the fundamental purpose of a council of social agencies.

For you cannot have everything—not in any council known to me. Eveline M. Burns, formerly chief of the Economic Security and Health Section of the National Resources Planning Board, recently published in *Smith College Studies in Social Work* a "uniformly gloomy, if not darkly pessimistic" paper (those adverbs and adjectives are hers, not mine) in which she chided social workers for not recognizing the significance of the times in which they live, for not being in the forefront of those sponsoring and fostering progressive and constructive social action. As she was born over the water, she will understand one who says that on this issue he is a "little Englander." Perhaps the best way to put it is to say that when it comes to interpreting our professional charter I tend to be a strict constructionist. It has always seemed to me that social workers claimed more than they could deliver in the early days of the depression, and some of the difficulties they got into then plague them today. In my view, and especially in respect of councils of social agencies, we are in greater danger of overbidding than of underbidding our hand. So with the course of action followed in this instance by the Welfare Council, and with the speed with which that action was taken, I am, if not wildly enthusiastic, at least soberly content.

COMMUNITY ORGANIZATION AND INTERCULTURAL RELATIONS

By George W. Culberson

THE HILL DISTRICT COMMUNITY COUNCIL has been an active, integrating force in one of the underprivileged areas of Pittsburgh since the early days of the depression. Over the years its leadership has come largely from the people, both professional and nonprofessional, who represent the educational, civic, and social group work agencies serving the area.

The Hill district is one of those areas, common to most cities, in which one resident group succeeds another—a constantly changing community. The Hill was one of the first Pittsburgh districts to develop outside the walls of Fort Pitt in 1764. A residential district, it was the home of the wealthy and cultured until well past the middle of the last century, but as the migrations came, these wealthy families moved to newer residential developments. At about twenty-year intervals Irish, Jewish, Italian, Negro, and some fifteen other nationalities succeeded each other as residents of the area. The pressure of movement never gains complete control, however, and so in the Hill district of today there is a residue of each group that has moved on.

When the Community Council was first organized in the early thirties, the main groups were the Jewish and the Negro, each accounting for about 40 percent of the population. In the intervening years we have seen this ratio change until now 70 percent of the residents are Negro and 30 percent white, with the Jewish group making up a little more than one half of the latter.

An important corollary to this process of movement and replacement is the deterioration of property, the overcrowding due to diminished income, the decline in the amount of municipal services rendered, and the growth of bawdy houses, "joints," and gambling. In the last decade however, the Housing Authority built new homes; new and remodeled schools were made available; social services were expanded. These improvements brought new residents and a new outlook for the district. Many newcomers to the Hill are people whose

educational and economic standards are above the level of their immediate predecessors in the area.

This district presents both an opportunity and a challenge to the social engineer. Here is an opportunity to work in a social laboratory peopled by members of minority groups; a section composed of residents who come from the ends of the earth, each individual groping, struggling, vying one with the other for a place in America's sun. We on the Hill have an unusual opportunity to point the way to the rest of the nation by what we produce in our local crucible.

While the Community Council has always centered its activities on the economic, social, and civic needs of the area, it has also exerted a strong force in the field of intergroup relations. The first of our four Council chairmen was a Scottish Presbyterian and a law professor; the second, a Negro and executive secretary of the Urban League; the third, a Jewish attorney; and the fourth a Negro woman. The Council membership and its various committees have always been representative of the racial and ethnic groups that make up the community. When the war highlighted the tensions between various groups and prejudices began to have free expression with an increasing number of minor incidents, the Council organized an Intercultural Committee to give especial attention to this problem. It was time to extend to the entire community that feeling of mutual trust, understanding, and appreciation which the members of the Council had for one another. The work of this committee became more and more the most important phase of the Community Council program. This does not mean that the interest of the Council was more limited than before; rather, the reverse is true. Greater interest and more activity in all types of community problem were manifest in the program but throughout was felt this basic need, more consciously dealt with than before.

In September, 1944, the Council invited representatives from the educational, public, and private group work agencies working in the district to a two-day Intercultural Institute at a Young Women's Christian Association camp to discuss their role in intercultural work, and to make definite plans for meeting such further needs in intercultural activity as might become apparent. The conference was attended by forty persons representing five schools, eight group work agencies, the Carnegie Library branch, the Urban League, the American Service Institute, and public housing. The participating agen-

cies were all represented in the membership of the Community Council. They came to this first conference prepared to review their own program in the field of intergroup relations as individual agencies and they set as the goal for the conference "the determination of an over-all policy and program toward which each agency could be working and that all could do together through the Community Council."

The executives of these agencies have been working together through the Community Council for years. These people, who represent various religious, cultural, and racial backgrounds, have formed a real friendship and affection for one another. Any differences which may have been inherent as a result of their varied backgrounds have completely disappeared because of their acceptance of one another as individuals. Such a relationship is the keynote and the backbone of our program, indeed of any program for intergroup understanding. Personal experience is absolutely necessary in breaking down barriers between people and freeing them from their fears and prejudices. The primary decision of the conference was "that intercultural growth cannot come about in cultural isolation, and therefore face-to-face contact is necessary to bring about change."

With this principle established and unanimously agreed upon as fundamental, the group proceeded to analyze the make-up of the board, staff, and constituency of each agency. We found that a relationship existed between the effectiveness of an agency serving a mixed community and the degree to which the members of its board and staff were representative of the constituency. Therefore it was decided that, (1) an agency serving a mixed community should have a board that reflects the cultural and racial groups in that community; (2) an agency serving a mixed community should have a staff that is interracial and intercultural; and (3) each agency should strive to make its constituency intercultural and should adapt its program so that contact between the various cultural and racial groups may be natural and constructive.

At the time these decisions were reached the agencies on the Hill ran the whole gamut from the agency with an all-Negro board and staff serving a Negro constituency, to an agency meeting all the requirements listed in the decisions. These decisions did not represent the goal itself, but they constituted one of the first steps necessary toward meeting that goal. It was generally agreed that intercultural

boards and staffs in all Hill agencies would greatly facilitate the development of unity and understanding among people of diverse backgrounds in the community.

The full achievement of these goals would, of course, be reached by various methods and at varying degrees of speed. It was felt that it would be desirable to initiate immediately a coöperative project in which all agencies could participate and from which all could learn methods and techniques in the field of intercultural relations. It was therefore decided to set up a community activity center, located in a public school building, and carry on an experimental program. The project was started in October, 1944.

The second Intercultural Conference was held early in September, 1945, and the learnings and progress were reviewed. Satisfaction was expressed in the coöperative intercultural project, and it was approved for a second year. The records kept by group and recreation leaders provided the basis for general conclusions and tentative recommendations. In the second year, these were to be refined and made more specific. To this end, the group decided to call upon the Research Center for Group Dynamics at Massachusetts Institute of Technology for assistance in the development of instruments of measurement and more precise methods of recording data. This assistance was forthcoming and has been of great value.

We have set up a community activity center, in the A. Leo Weil public school, staffed by regular professional personnel from five private social group work agencies and three public agencies, by graduate students in social work and psychology from the University of Pittsburgh, and by some volunteers. The Hill District Community Council appointed an advisory committee, composed of the executives of all the coöperating agencies, a caseworker from the Family Society, executives of the Urban League, the Girl Scouts, and the American Service Institute, a Catholic priest, and representatives of two social group work agencies that could not furnish staff members because of personnel shortages.

The advisory committee met regularly to determine the purpose, scope, and direction of the program. Thus the learnings were shared by all who participated on the committee and were especially valuable to those agencies that were able also to have staff members in the project. Experiences of staff members were carried back to agency staff meetings and shared with all staff members of all agencies.

I believe that this experiment represents a unique contribution in the field of community coöperation and would be valuable for that reason alone. The second unique feature of this project is the purpose for which it was started. Not just another community center to offer recreation for the children and the community, it is also an experimental center offering opportunities of studying methods and techniques in the field of intercultural relations.

The Community Council Center operates two afternoons and two evenings each week, from October to June. The elementary school-age program is conducted in the afternoon immediately after school and provides for a one-hour club period and a forty-five-minute recreation or activity program in which all club members participate.

Children were recruited for the Center chiefly from the Weil School, but they come also from neighboring parochial and public schools. We have attempted to bring together Negro and white children in approximately equal numbers, keep them together, and work for signs of better relationships inside and outside the school. The care to maintain numbers of Negro and white children was based upon previous experience with interracial programs, which showed that whatever group felt itself to be in the minority tended to drop out completely. The staff has taken care that intercultural contact should not be imposed upon members of the Center who are not prepared to accept and benefit from such contact. Care has also been taken not to violate natural groupings or to abridge the right of the individual to the security he feels in his own group. The job of the staff, therefore, has been to provide channels through which intercultural contact can take place naturally. The program was centered in interest and activity groups such as woodworking, crafts, gym, scouts, book reviews, dramatics, music, and others.

We felt the need of securing the best leadership available, for those who work in the project must be free of prejudice, accepting of all individuals, and skilled in handling whatever conflicts may arise. Agencies therefore selected their best workers and released them from regular agency duties for five hours per week so that they could participate in the project. One third of the workers were trained social group workers, one third were schoolteachers, largely from the Weil School, and one third were trained in special skills or experienced in leading groups. It is estimated that the cost of these services, if contributed by the agencies for the direct leadership of groups, would amount to about four thousand dollars each year. In the second year

the Association of Community Councils gave the Center a grant to pay for the part-time services of a supervisor and a secretary.

The evaluation of the project, which has been operating under the direction of Dr. Marian Radke, of the Research Center of Massachusetts Institute of Technology, will not, of course, be available until sometime after the close of the program in June. Under Dr. Radke's guidance we have developed a fourteen-page form for the use of leaders in reporting on their club activities. Four graduate students in psychology have acted as observers in some of the groups and in the mass activity program. A form was developed for their recording. Sociometric, racial attitudes, and friendship pattern tests have been developed and administered to all children in the school. Comparisons will therefore be possible between children in the project and those not included in the program.

Some significant experiences and learnings from the project can be reported now:

We have had all possible combinations of race and color in leadership and in club membership. We have discovered that the race of the leader is relatively unimportant in determining his success with a group. The whole fate of any group leadership depends on whether the leader can accept the members completely, including their race, behavior, mental ability, cleanliness, and innumerable other things. Our leaders were uniformly accepting, and particularly sensitive in regard to race; and I think the result is that their color is not even consciously considered after the first meeting or two.

In interracial clubs the leader must demonstrate ability to control the situation from the very first and thus give timid or minority members the security they need. This is particularly true of a mass activity or recreation program.

Social group workers, thoroughly trained in their field, have an understanding of the fundamental manifestations and causes of human behavior and are, therefore, equipped to function effectively in the intercultural relations field. In addition to his training, however, a group worker must have had enough personal intercultural experiences to be free from fear of his own personal feelings in the interracial area; otherwise he cannot deal with it in others.

It is not impossible but it is exceedingly difficult to enroll a single member into a group of another race. This attempt has failed in club after club. On the other hand, we have been successful in the amalgamation of two groups of different races. For a year or more be-

fore the start of the project we had been trying without success to get white girls to join the Girls Reserve Club and the Girl Scout troop, both all Negro in membership and leadership. As one of our experiments, we organized a group of white girls of the same age into a Funtime Club, our purpose being eventually to merge the club with one of these Negro groups. The leader of the Funtime Club recorded after one of the first meetings:

I asked if the girls had ever attended a meeting of the Scout troop or Girl Reserves. "Yes, we know about the troop but we don't go to it," was the answer. I said that maybe they should look in on it sometimes because the girls seemed to be doing things that were lots of fun. Everyone made a face. Betty said, "I've been invited over and over again but I'm not joining." I said I wondered why no one wanted to join. There was no answer, and we went on working. Later I said that no one had told me why she did not want to join the Scout troop. "Because there are too many colored kids in it," said Betty. There was general agreement. I mentioned that there were colored people in their classes in school. "Yeah, but this is different," said Sally. How different? I asked. "Well, they want to do everything," said Marie. "And we never get a chance when they are around," said Ruth.

Similar remarks were made by other girls. However, following almost three months of regular club meetings, where they received attention from the leader, were allowed free expression of their feelings, were encouraged in becoming more adequate in skills, and participated in the mass activity program with children from the other clubs, these girls were able to accept enthusiastically an invitation from the Girl Reserves. After a party given by the Girl Reserves for them, these white girls decided to join, if they could still keep their Funtime Club in which they had found security. Both groups were prepared for this joint event. These girls have continued to come to the Girl Reserve Club and seem to be taking their places there in spite of their original feelings about the Negro Girl Reserves.

When children of different races have difficulties with one another it is difficult but important to tell whether race is the factor that causes the division. Other factors which we have found to make for division or cohesion are: school age, aggressiveness, sex, age, ability, and "being there first." Race certainly is one divisive factor, but these others are all influential, and occasionally, when race is given as the reason, it merely covers up one of these other factors.

Little attention is paid to color in interest groups, such as crafts, woodworking, etc. It is easy to form such groups of mixed races, and under skillful leadership they may become close friendship groups.

Natural groups are seldom mixed racially to begin with, and it is almost impossible to bring a member of another race into the group.

Evidence is conflicting on the degree to which the prejudices of the parent are transmitted to the child. We have noted some interesting exceptions to the generally accepted belief that parents are the cause of it all. However, if the prejudice of the parent receives strong support from other members of the community in which the child lives, it is much more difficult to uproot it in the child.

Both Negro and white children of elementary school age express and are guided by prejudice. In the early years they cannot verbalize it; a little later they express it in terms of the stereotype, but they show it in their behavior and in their choices. Children easily adapt themselves to the requirements of the social situation in which they find themselves. They definitely make progress under the favorable atmosphere of the Community Council Center program, accept and apparently enjoy the intermingling of races there. On returning to the unfavorable atmosphere of their own neighborhood the children react as is expected of them. This may sound pessimistic, but it points up the complexity of the problem of changing racial attitudes and prejudices and especially makes clear how extensive this program must become if it is to be truly effective on a community-wide basis.

Certain tangible results have been realized through the Hill District Community Council program in the field of intercultural relations:

1. Unifying public and private agency programs toward one common goal, arrived at through group process, without limiting in any way the peculiar function of any agency
2. Strengthening the bonds of friendship and fellowship among agency executives and staff members, themselves representative of different racial, religious, and cultural groups
3. Progress in attaining the goal of serving the entire community more effectively through making boards, staffs, and constituency interracial and intercultural
4. Increased knowledge of the problems involved in carrying on programs of social group work and recreation in interracial and interfaith groups
5. Development of skills, methods, and techniques that have been found to be successful in handling interracial and intercultural groups, and sharing of these with all agencies in the area.

HOW TO ESTABLISH A COMMUNITY SERVICE

By Lillian A. Quinn

ON AUGUST 6, 1945, in the middle of a budget year, the Board of Supervisors of Westchester County, New York, the legislative and appropriating arm of the county government, voted funds for the creation of a division of mental hygiene in the County Department of Health. This action followed a long period of conscious planning and continuous work aimed at providing more adequate psychiatric clinic facilities for diagnosis and treatment. It is my purpose to describe the processes involved in the planning and promotion of the plan which preceded official action and the appropriation of funds; in short, I shall summarize the records of the Westchester County Council of Social Agencies and of the Mental Hygiene Association of Westchester County, from 1942 through 1945, as they pertain to establishment of this service.

Westchester County has a population of about six hundred thousand, it adjoins New York City, and it is suburban in the southern part with farms and estates in the northern area. The county is divided into six cities and eighteen towns, with twenty-two incorporated villages. There are, therefore, including the county itself, forty-seven governmental units in Westchester. While the county is a municipality with an elected executive and legislative body, it is obviously a collection of communities rather than one unified community. A factor always to be reckoned with is the parochial pride of the individual cities and villages, which at its best is a sense of community or neighborhood responsibility. Nevertheless, there is some traditional basis for the county-wide or regional organization of those services, public or private, which require substantial budgets for the maintenance of good standards and where the expense of local independent auspices would be prohibitive.

In 1942 Community Service of Scarsdale, a multiple-service agency, desiring to increase the psychiatric consultant service available for its family service division, asked the County Council to explore the possibility of a joint arrangement whereby the expense of a psychiatrist's services might be shared among the five voluntary non-

sectarian family agencies operating in adjacent cities or towns. Nothing came of this suggestion apart from evidence that the existing psychiatric facilities were inadequate.

Soon after, similar evidence was forthcoming from an entirely different source—Sarah Lawrence College, located in Yonkers, the largest city of the county. The College had on its part-time staff, as parent consultants for its nursery school, Dr. Benjamin Spock, pediatrician, and Mrs. Jane Judge, social worker. These consultants found that their advice was sought by parents and teachers, from many parts of the county, who had no connection with the College. To quote from the report of the Committee on Plan:

Under Dr. Spock's chairmanship a small steering committee was assembled and two public meetings were held, in the city of New Rochelle in April 1943 and in the village of Bronxville in June 1943. These meetings were attended by a large group of lay and professional people from all over the county. Those present testified to the great need in terms of waiting lists in existing services, frustration at being able to secure diagnosis of behavior problems but not treatment, inquiries from parents and teachers as to where they could go for guidance, lack even of psychiatrists in private practice who specialize in work with children. The group moreover was most articulate about the need for increased awareness of mental hygiene principles among teachers, parents, pediatricians, nurses, and others dealing with children. In fact, these meetings revealed so much evidence of need and demonstrated so much lay and professional interest that the committee felt the movement should come under the aegis of some organized county group that could further it with dispatch and wisdom. They therefore asked the County Council to take over the problem, as had Scarsdale just previously.¹

When, in the summer of 1943, the Council accepted the responsibility of planning for adequate mental hygiene services, it immediately faced the problem of providing personnel, since there was no leeway in budget nor was there any free staff time. The Council therefore turned to Junior League chapters throughout the county with the request that they make the need for child guidance facilities, the phase of a general mental hygiene program which was of greatest concern at the time, a matter of program interest to their members, and that they finance on the staff of the Council a part-time professional worker who would act as staff consultant to the Committee on Plan. The Pelham, Scarsdale, Rye, and Northern Westchester

¹ Report of the Committee on Plan to the Committee for Mental Hygiene, Westchester County Council of Social Agencies, December 1, 1944.

chapters responded to this twofold request. In order not to sacrifice momentum and lose time, for the sake of logical procedure, the chairman of the board of the Council appointed forthwith a Committee on Plan, designating it as a subcommittee of the Committee on Mental Hygiene which was still to be organized.

In spite of the agreement among agencies and informed people that the psychiatric facilities were inadequate, the existing services actually diminished; for the nation was at war and personnel shortages were increasing. The number of traveling clinics maintained by the State Department of Mental Hygiene was reduced nearly to the vanishing point. The Psychiatric Institute of Grasslands, the county's public hospital, was understaffed, while at the same time requests for service in the out-patient department were mounting. Many of these requests came from public school districts because school psychologists were being called into military service or were doing double duty because of the resignation of others. A little later, the County Children's Court found that it would lose its half-time psychiatrist, and the County Department of Family and Child Welfare also had a vacancy in its part-time position of psychiatrist. The fact that facilities were rapidly decreasing at a time when there was an expressed awareness of need was a potent factor in creating an atmosphere in which planning, so often flouted even by intelligent people, was not merely acceptable, but so much wanted as a comfort to pent-up feelings that it was recognized as action in itself. This gave the Committee on Plan a sense of interest and concern on the part of a substantial cross section of citizens as well as of agencies.

The eleven members of the committee were chosen with a view to drawing upon the experience and thinking of various fields. A trained and experienced social worker, then working as a volunteer, was chairman. Other members of the committee were a school superintendent, a psychiatrist, a pediatrician, a psychologist, the welfare chairman of the County League of Women Voters, the chairman of the County Nursery School Council, a Junior League member, an active committee chairman from the Parent-Teacher Association, and executives of two family agencies. All members served as individuals, not as representatives of an organization. No one on the committee was directly associated with the main psychiatric services then existing in the county. A working committee, the group met weekly from March through June and again in late October and November, 1944.

The chairman of the Committee on Plan was invited to serve on the basis of her interest and demonstrated ability, while other members of the committee were chosen in consultation between the committee chairman and the Council office. In some instances advice was secured in a preliminary consultation with other organizations. This procedure proved a good investment. For instance, consultation with an officer of the County Medical Society afforded an opportunity to review the situation of psychiatric service in the county, describe how the committee was to be made up and what procedure was planned. This process assured the Council of another interested organization and provided valuable information, an indication of avenues through which suggestions could be made, and a sense of partnership at the outset. At a meeting of the Medical Society held after favorable action on the plan had been officially taken, and to which laymen were invited, a former president of the Society pointed out how advantageous it was for a service of this kind to spring from the desire of the people to have such services in their communities, with the Medical Society aiding at the points where it was best equipped to help.

At a few successive meetings, certain well-informed individuals were invited to discuss their viewpoints on various questions. The County Commissioner of Public Welfare was frequently consulted and met with the committee at one session; a staff member of the Westchester County Children's Association, the social worker from the Child Guidance Center in New Rochelle, and the executive of the State Committee on Mental Hygiene were invited at other times.

When a committee sits down to write a plan, it immediately must go beyond principles and delve into practical questions of auspices, location, finance, and management, and it must support the conclusions reached. None of these questions was easy of disposal. The committee members could and did reach unanimous agreement after consultation, discussion, and weighing facts and opinions. They realized, however, that while the idea of extended service interested many people, the backing of strategic groups for a specific plan was essential. Chief among these strategic groups were the medical profession and the veterans.

There was a disposition on the part of some influential physicians to assume that only a hospital could provide the proper auspices for the proposed psychiatric clinics. The committee had considered and

rejected this proposal. A conference between members of the committee, including its medical members, and leaders in the County medical society forestalled a vote of the Society's executive committee in favor of hospital auspices for the clinics. Some of the practical questions which the committee had faced were put to the physicians. They were asked, for instance: "If you are to have five or six clinics, how would you choose which five or six of the nineteen hospitals in the county should sponsor them?" Posing some of the very problems which the committee had had to face, stimulated a critic to go through the same process, and he usually arrived at a conclusion similar to that reached by the committee.

This same method was used with representatives of veterans organizations, which were naturally mainly concerned with facilities available for servicemen. In a leisurely conference with three or four people, it proved not too difficult to reach agreement on the therapeutic value, to the veteran, of community clinics as opposed to the veteran clinics which kept him isolated. The veteran organizations wanted to help men and women returning from military service to resume their place at home. Furthermore, they knew that a veteran's worry was often for his child or his wife rather than for himself. When the appropriation was under consideration later, in the Board of Supervisors, the veteran organizations gave positive support to the proposition that clinics should be open to children and to veterans and their families. This scotched some latent opposition from other sources before it was expressed.

The committee could, with the greatest ease in the world, have run into all sorts of controversy on many points before the plan was ready. As far as possible they played for time and postponed making decisions until the official or agency with authority could be reached. In one city a clergyman of proved community leadership and great humanitarian concern wanted a comprehensive separate service established in that city under a new department to be created. The committee avoided meeting him in open debate. Later the board of the Mental Hygiene Association, through its members from that city, reached the mayor and the Common Council. The difference in local cost of the two plans was then an effective argument for the Association's proposal.

While the committee avoided open controversy so far as possible, it was nevertheless resourceful in meeting requests for facts, sometimes

by substitution. An official asked for statistical proof of the need for child guidance service. Securing such material would have required more time and money than were available, even if such data could be procured. A spot check among schools, waiting lists at Grasslands, and the few clinics functioning produced such a wealth of convincing material that it was wholly acceptable in lieu of a statistical count.

The chairman and other committee members spoke at stated meetings of various organizations throughout the planning and promotion period. They appeared before women's clubs, the Nursery School Council, the County Federation of American Legion Posts, Parent-Teacher Associations, and many other groups. The local press reported these meetings. Publicity of this kind was used throughout.

Political pressure was avoided, but political advice and the aid of strategic persons were sought. For instance, when the matter came before the Board of Supervisors, letters from twenty organizations or individuals were received by that body. The chairman of the committee had consulted an official who was in sympathy with the plan; and his advice to present a limited number of specific endorsements from significant sources was followed. A snag was struck at one point on a serious difference of opinion between two state departments, and a decision had to come from Governor Thomas E. Dewey as to which would have supervisory powers. At the committee's request, a certain Westchester citizen, who was known to have Governor Dewey's confidence, went to the capital to present the committee's point of view.

The chairman of the committee wrote the report and presented it to a meeting of the Committee on Mental Hygiene on December 1, 1944. This was a large committee, with membership based solely on interest. All of those, for instance, who had attended the two open meetings in the spring of 1943, and those who were unable to attend although they had indicated interest, were invited to join the committee. Ninety members from various parts of the county attended the December meeting at White Plains, the county seat and geographical center of the county. All members had received the thirty-three page report in advance.

The Committee on Plan made three major recommendations: (1) that an independent mental hygiene association be formed from the mental hygiene committee; that its immediate function be the furtherance of the plan for clinic service and its continuing function,

educational work along mental hygiene lines; (2) that this association instigate or conduct a study to discover the best way of supplementing, on a community level, government plans for providing psychiatric service to veterans and their families; and (3) that a child guidance clinic service be initiated, to operate in five or six localities, to be administered by a board to which persons are appointed and funds are contributed by the Mental Hygiene Association, the county departments of welfare and health, and the departments of health of those cities which are outside the county health district and which might desire to participate.

These recommendations were adopted. Within three months the Mental Hygiene Association had organized, obtained an office of its own, and applied for articles of incorporation; and from that point the promotion of the establishment of clinic service progressed at remarkable speed. The Association has held, or assisted local communities in holding, institutes for special groups such as nurses, doctors, teachers, the clergy. Out of some of these institutes grew the idea of having within the Association committees of certain professional groups to plan for spreading information among their colleagues and conducting an educational program for a better understanding of what produces good health of the mind and more alertness in recognizing early symptoms of illness, as well as increasing knowledge of, and skill in, guidance. The clergy and the nurses have shown particular interest, and those committees have made a good beginning.

The plan for the board to be responsible for the clinics had to be amended, after legal opinions were secured from the state and county attorneys. It is not possible in New York State to have a joint public-private board receive and administer public funds or benefit from state refunds available under certain conditions. The Mental Hygiene Association, therefore, revamped that part of the original plan (the only essential point at which a change was made), and agreed to aim for community mental hygiene clinics under the County Department of Health. A "Summary of Changes in Plan and Progress Made between December 1, 1944 and March 22, 1945," published by the Mental Hygiene Association, says:

The most pressing task of the Association, the promotion of the establishment of Mental Hygiene Clinics, has progressed with remarkable speed. Some changes in the plan were dictated by changing conditions or by legal and fiscal requirement.

Further exploration of the administrative plan first proposed has led

to amendment of that. The Association is now urging a Division of Mental Hygiene within the County Department of Health and financed on that budget. This Division will have a committee to help the Division Director to shape policy and conduct the program. This committee would be nominated to the Commissioner of Health by the Mental Hygiene Association but appointed by him.

A practical method of servicing those cities which are outside the County Health Area but which wish county clinic service has been devised and approved by the State and County Attorneys. This method will allow the County Department of Health to contract with such cities for mental hygiene clinic service at a rate based on their proportional population and property valuation. On this contract basis county clinics could be located in such cities and serve both the city population and the surrounding region which is included in the County Health Area.

The Mental Hygiene Association made this proposal to the County Board of Health, and it was unanimously accepted. The County Health Commissioner then applied for the necessary county appropriation to finance these clinics, and the funds were voted. The County Department of Health serves two cities and eighteen towns. Each of four cities outside the county health district has its individual public health administration. Two of these cities have now taken all the necessary steps to contract with the County Department of Health. The Mental Hygiene Association nominated and the County Health Commissioner appointed a Clinic Advisory Committee.

Though the clinics are not yet in operation, all official action required has been taken with comparatively little opposition, and the funds have been voted. Now it is a difficult time, as was foreseen, to secure specialized staff members with any speed. Also, since the county administration is in the midst of a comprehensive personnel study affecting all departments, it was ruled that the civil service and salary classifications of new positions must be postponed until the report is in and implemented. These factors have slowed down the momentum of earlier months.

The strain of war on combatants and civilians alike was a powerful factor in focusing attention on emotional problems. The war also created an atmosphere in which many people, who might not have done so in normal times, reached out for help and advice. This, in turn, produced pressures on the available resources and underscored the inadequacy of facilities. The variety of agencies which were attempting to meet the need was significant of a wide concern, including, as it did, a college, a public hospital, two child guidance centers under private auspices, and family agencies. There certainly was no

opposition to a child guidance service and much evidence of deep interest; though actually, when it came to official action and appropriation, it was the prospect of service for veterans that sped favorable action on the proposal.

It is almost as difficult to distinguish between factors and methods as it is to isolate factors. Quality of work is not a method. But the assets of good method and of timeliness would have been partly canceled or wholly erased had not the members of the Committee on Plan worked hard and effectively during and between committee meetings.

There was method, in facing realities squarely. A plan was needed so that the wide interest could be focused on definite proposals. It was therefore agreed to get the Committee on Plan underway without delay, even though its parent, the Committee on Mental Hygiene, existed at that point chiefly on paper. When the plan was produced, part of which called for the operation of an educational program and part of which required promotion beyond the Council's facility and policy, there was complete agreement as to the transformation of the Committee on Mental Hygiene into an independent association. Later the board of directors of the Mental Hygiene Association, with wisdom and ability, amended the plan and kept a close working relationship with the official agency which had accepted responsibility for the clinics.

The composition of the Committee on Plan as a working committee was stimulating to its members and increased their sense of responsibility within the committee. That they served as individual citizens made for freedom of expression and action within the committee and with their colleagues outside the committee. The procedure which the committee followed, of inviting others in a strategic position to attend a meeting as guests, gave the committee help and allayed fear.

The Committee on Mental Hygiene, never conceived of as a working committee but as a large body welcoming anyone on the sole basis of interest, drew in laymen who provided citizen backing for the plan and founders for the new organization together with such leadership as had been brought to the fore by the Committee on Plan while gathering data and formulating the report. Characteristic throughout were carefully chosen volunteer leadership, persistent resourceful volunteer work, and breadth of representation.

THE FIELD OF RECREATION

By G. Ott Romney

RECREATION is a popular word. It rolls readily off the tongue. It rides the ether waves into the living rooms of the nation; it pops out in the daily newspapers; it is dignified in public forums; top-ranking generals and admirals, business and professional leaders, politicians, society matrons and housewives join youth leaders, labor, management, and government representatives in tribute to the value of recreation. Fifteen million members of the armed forces have become familiar with recreation's ministrations. Millions of workers in war industries have found recreation a loyal friend. But the more it is talked about and the more familiarly it is recognized as a vital individual and social concern, the more obvious becomes the need for clearer definition. Like democracy, love, college spirit, and boarding house hash recreation is too generally an indefinable something. Its meaning is apt to depend on the company it keeps, and on how well it lends itself to a given cause.

Recreation as an end in its own right—as a definable, distinguishable, identifiable something—suffers from inaccurate and fragmentary interpretation. It is frequently confused with its dividends (as in health, education, therapy, democracy, character-building, and physical conditioning) and with its methods (as in social group work). It is too often negatively interpreted, as an antidote for juvenile delinquency or an anesthetic to relieve the pain of empty hours. Too often it is fractionally interpreted as physical activity only, or as something merely for children, or as highly organized activities or special events. It is often erroneously interpreted as connoting the milder activities in contrast to strenuous participation, or as an appreciation of the less cultural as opposed to the more artistic pursuits.

Recreation, to my mind, is the satisfaction of human hungers that are as real as the appetites for food and sex and security—a hunger for self-expression and creativity, for belonging to the group and being wanted, for recognition, for competition, for adventure and for combat, appetites which exist in every normal human being. Recreation includes everything the individual chooses to do in his own

time for the gratification of the doing, the assumption being that it is of great importance to the individual and the jealous concern of society that the recreation be constructive, decent, wholesome. Recreation is not a matter of motions but of emotions. It is not a list of activities. It is an approach, a psychological response, a way of life. It differs from work only in its motivation and its form of compensation. The pay check for work is money, prestige, or power; the pay check for play is the gratification in the doing—fun, joy, happiness, satisfaction. One almost always works because he has to for economic reasons; he plays at what he chooses. The physical processes and apparent routines may be practically identical. One may work, subject to work's disciplines and for the purpose of making money, at painting water colors or growing gardens or making furniture; another may relax in doing exactly the same things. A person's recreation may become his source of livelihood, if he performs so well or fashions a product of such appeal that the public clamors for his services or his wares. When his hobby fits into the mold of work-demands and the profit motive takes over, he must seek other fields for his play, his relaxation, his balance, his refreshment, and his social adjustment—in a word, for his recreation.

All people have some time in which they may call their souls their own. In this time they do many things for their own satisfaction and pleasure. Increasing leisure time, the fractionalizing of balanced living, and the achievement of satisfactions in working time in an age of mass production and specialization, of pressures and regimentation, accentuate the importance to the individual and the community of variegated, appropriate, and adequate recreation opportunities. Through balanced living the individual must have a chance to meet the demands of his body chemistry. Of transcendent importance, he must be granted a chance to live as a total human being, exercising, on his own time, the muscles, the emotions, and the mental processes which find no nourishment in his usual work routines.

Recreation is not a subsidiary of education, health, safety, and general welfare. It is an inevitable part of everyone's life, an important segment of the living process. Provision of adequate opportunity for recreation is a fundamental responsibility of a democratic society and of immeasurable importance in making democracy work.

Recreation is concerned with discovering and invigorating the

individual's interests, latent talents, and potential skills. One of its aims and responsibilities is to educate taste and stimulate appreciation. Recreation pays dividends of self-discovery, social adjustment, good citizenship, cultural evolution, and democracy. The fact that these are all general and elastic terms makes the case for democracy less convincing to some types of mind than if the conventional materialistic measuring rods of dollars and horsepower could be used. These dividends come in no specified amounts; they are not guaranteed. Nevertheless, the dividends are there. Recreation is an end unto itself.

Recreation offers its services to individuals, to groups, and to the masses. It renders its services under direct supervision, under indirect supervision, and simply by providing opportunities for individuals to pursue their interests independently. Recreational activities provide opportunity for exercise of the emotions or the mind or the muscles, or all of them.

Appreciation can be excellent recreation. Those so-called "recreationists" who worship at the shrine of activity are responsible for much of the confusion regarding the true meaning of recreation. This cult has certain activities labeled "recreation" per se, no matter when, where or why, and would exclude all other types of experience from the charmed circle. It fails to understand or agree that there is no such thing as a "recreation activity" in the abstract. Any experience indulged in by choice for its own sake is recreation. A postman, president of his local hiking club, piqued on being questioned as to why he, a postman, should choose hiking as his recreation said, "Can you imagine a better recreation for me than to go for a walk in the woods and walk right by a tree without having to run up and give it a letter, to come to the fork in the path and take any course I want to, to stop and listen to the song of the bird and not be worried about some impatient housewife waiting for me on a porch down the way?"

Many women who find cooking three meals a day and washing dishes for a sizable family pretty tiresome, hurry through their work on occasion to avoid being late to the cooking class where they can adventure in culinary arts and enjoy a good social time in the process. Many men in the armed forces who may have been irked in the afternoon at being ordered out to target practice go in the evening to the near-by towns and spend their loose change in shooting galleries. Dur-

ing the war not a few air fighters brought their shot-through planes down out of flak-filled skies and then spent the evening trying to forget it all by making model airplanes.

In the coal-mining areas of Kentucky, West Virginia, and Pennsylvania, where amateur baseball flourishes at its best, men crowd out of the mines after a hard day of muscular work, scrub away the grime, slip into ball suits, and frequently skip dinner to rest at a tough game of baseball.

Little girls take endless time bathing and dressing dolls and mimicking a mother's care of her infant—for the fun of it. Boys, given a title of responsibility, find great satisfaction in competing in the collection of waste paper or in some other civic enterprise for which they have volunteered. Boys by the thousands go to none-too-conveniently located baseball parks and in awe zealously dedicate themselves to watching demonstrations and listening to lectures by big league performers. Week after week they spend their Saturday mornings in such deep satisfaction.

There are some remarkable electric train clubs made up exclusively of business and professional men. Youths and adults spend countless happy hours in perfecting amateur symphony orchestras. Women find play outlets in knitting and gossiping. Men and women vie for tickets to luncheons to meet well-known authors.

Winston Churchill plays at painting pictures, a hobby he began to cultivate in midlife. Mickey Walker, a rough and tough boxing champion, paints as a hobby. His pictures have brought genuine praise from the critics. Bob Zuppke, one of football's famous coaches, is another who finds endless pleasure with oils and water colors. Another highly successful professional football coach chooses to hunt through marshes, in company with a professor whose hobby is ornithology, to collect egg specimens.

Since man is a gregarious animal with a strong social instinct, he likes to participate with his fellows; he enjoys finding his pleasures in groups. Then too, almost everyone likes to participate some of the time in recreation which requires large spaces, costly facilities, and elaborate equipment. Furthermore, many types of recreation require promotion, organization, and teaching of skills; in other words, they demand trained leadership. Since few people can afford their own swimming pools and golf courses, their own craft shops and stages, their own picnic grounds and sports fields, and since leadership is so

essential, it becomes necessary for people to pool their resources in order to provide adequate opportunities. Obviously, then, the provision of adequate recreational opportunities becomes the responsibility of society. Ideally, this responsibility is met by providing a nuclear tax-supported service, municipal or county, which allies itself with all the so-called "private" agencies engaged in recreation, all the social, religious, civic, and patriotic organizations in the community, with the school systems, and with all decent commercial recreation, to discharge the obligation of furnishing adequate community recreation.

The need for providing opportunities in settings which promote the appetite for participation is obvious. The need for skilled leadership is not usually so apparent to the uninitiated. But to those who understand the import of recreation and are skilled in working with individuals and groups the paramount significance of leadership and the exacting demands made upon it are patent. Recreation leadership rests on a genuine liking of people, an understanding of them as individuals and in relation to groups and communities, and an ability to get along with all kinds of people. Skill in observation, the art of indirection, ability to organize, and the use of the democratic process should be standard equipment for recreation leaders.

The one indispensable skill is the skill of leadership itself. It is the *sine qua non*, and it is both a gift and an acquisition. It is a talent assisted by techniques and refined by practice and experience. Without leadership the worth of activity skills is lessened, and techniques appear to be stereotyped routines rather than subtleties garbed in spontaneity.

Leadership in recreation demands so much because it seems so easy. It seeks to be inconspicuous. It must be born of naturalness and enthusiasm. It requires great skill in planning, consummate aptitude in backstage organization, and finished artistry in indirection. It is concerned with what it brings about rather than with focusing attention on itself.

The recreation leader should be too nearly ubiquitous, too much in the background in so many places at any one time, to be blistered by the limelight. Above all, the successful leader multiplies himself by delegation of authority, by division of responsibility, by distribution of opportunity to serve, by discovery of leadership talent within the group, and by the full and enlightened use of all these resources.

Opportunities to coöperate in bringing things about, to perform, to lead groups, bring real satisfaction to those selected, and as such they are recreation for the doers.

The gifted leader does not jealously monopolize all the spotlight jobs or worry about who takes the bow. To do so is symptomatic of a sick ego. Nor does the enlightened leader feel that the proper execution of a job demands that he make everything, move everything, do everything, and say everything, from the literal and metaphorical sweeping of the room before the occasion to cleaning it afterward. To do so does not indicate good conscience; it suggests a protruding conscience which needs adjustment. Such leadership may deserve a high grade for attitude and intent, but it deserves a low grade in rating understanding and achievement. Adaptability, flexibility, and ability to improvise are at a premium. Ability to plan and to organize is measured critically. Above all, real leadership is measured by ability to multiply one's usefulness, particularly by discovering leadership talent within the groups themselves and giving that leadership full opportunity to assume responsibility and to know the gratification of coöperating in the planning and leading.

The one intolerable leadership trait is the attitude of assuming that certain activities are recreational by their very nature and should be enjoyed by all at any time, either because the leader thinks so, or enjoys them personally, or has in mind certain values other than the gratification of the doing which are the goals to be achieved. This attitude virtually says, "I want all of you to drop everything you are doing. Come over here. Be very quiet and have a perfectly delightful time doing what I tell you to do, whether you like it or not. If you don't enjoy this you are abnormal or a natural-born maverick. Anyone who doesn't say this is wonderful recreation shows bad spirit. Now the purpose of this is to correct certain character deficiencies (or to strengthen your biceps, or to improve your mind, or to supply some personality vitamins). Pay attention over there. Now we'll commence to enjoy ourselves. First I want you to . . ." When the motivation is other than seeking recreational satisfaction, when the compensation is other than the gratification of participating, when choice is handcuffed and the individual is forced to surrender his own time, all the fun is forfeited, and the process, no matter what pattern it follows, ceases to be recreation.

Surely it is apparent that recreation leaders need enlightened train-

ing, professional training. It is equally obvious that such training should not be wasted on inadequate, ill-adapted, and inherently unpromising candidates. It is patent that the preparation of recreation leaders should include training in social group work, its meaning, its objectives, its techniques. Because a great deal of recreation participation takes place in groups and because the requirements of social group work and of recreation leadership coincide through so much of the areas, and because many of the inevitable dividends are enhanced by the skillful use of social group work techniques oriented to the recreation philosophy, group work can be a fruitful method, a useful tool in recreation leadership.

Democracy recognizes the worth and dignity of the human being. It says to each of us, "You are a personality with a name. You are not simply a file card or number. You differ, however slightly, from all your fellows. You have appetites and talents, predilections and yearnings of your own. Discover yourself; express yourself; be yourself! Flower as an individual—and improve your worth to the group."

That is where recreation comes in.

Recreation assumes increased importance as the economic and social structure in which we live becomes more complicated day by day. Modern miracles of transportation and communication have shriveled the world into a neighborhood. The release of atomic energy has frightened the inhabitants of the globe into a huddled democracy of common apprehension. The prewar forty-hour week is shrinking to thirty-five and may become thirty before too many years. The machine age tends to mechanize man's philosophy, to standardize and regiment him. If he is to preserve his ideals, his dignity and worth as an individual—and the dignity of the individual is the basis of democracy—if he is to find meaning in living and save himself from becoming a materialistic robot or a leisure-time illiterate, he must have adequate preparation, stimulation, and opportunity for using his own time pleasantly and profitably, constructively and decently. He must be guaranteed the right and the opportunity for self-realization; he must be granted the right and be provided the preparation to live the life of a free man in his leisure time. The role of recreation may take on startling significance,

SOCIAL GROUP WORK IN RECREATION

By Grace Coyle

RECREATION is a function to be performed; social group work is one method of fulfilling that function.

As we are organized in communities, recreation and informal voluntary education are often linked together within the purposes of the same organization. In fact, the line of demarcation between recreation and education is an uncertain one. In addition to these two functions, awkwardly indicated by our hyphenated term "education-recreation agencies," many private agencies and, to some extent, certain public agencies as well, add to these purposes a third, the use of leisure time to prepare for, and participate in, "active citizenship." It is essential that our citizens should inform themselves on public questions, create or join organizations expressing their views, and so participate in the government. Fruitful enjoyment, learning, and the fulfillment of our public responsibility—these are the major uses to which all of us should put our expanding leisure. They become the functions, in varying degrees and with varying emphases, of the organizations set up by the community under public or private auspices to provide for that leisure. Some organizations claim to exist for one purpose alone, but familiarity with many such organizations will reveal that people who engage in what they call "recreation" are, in fact, often eager to learn, and those who come to learn soon begin to enjoy themselves in the process. Even those who organize and promote some cause of their own choosing find in it both learning and a certain enjoyment. In almost all our organizations these three functions blend together in the total program and often within the same activity.

Social group work arose out of an increasing awareness that in the recreation-education activities which went on in groups there were obviously two dimensions—activity, including games, discussions, hikes, or artistic enterprise, on the one hand, and, on the other, the interplay of personalities that creates the group process. To concentrate on one without recognizing and dealing with the other is like playing the piano with one hand only. Program and relationships

are inextricably intertwined. Social group work method developed as we began to see that the understanding and the use of the human relations involved were as important as the understanding and use of various types of program.

This increasing awareness of interpersonal relationships and their significance exists in other fields. In formal education the progressive education movement grew from these same roots. In recent years significant developments in personnel management, especially those stemming from the work of Elton Mayo and his associates at Harvard, have revealed in similar fashion the importance of group relations in industry. The war served to heighten recognition of the significance of group identification as essential to combat morale, and through the experience of the psychiatrists the war greatly extended the use of various types of group therapy. Discoveries always spring up simultaneously when the time has come. I believe we are seeing some such phenomenon in the widespread but as yet unrelated recognition of the significance of group relations in various fields. Social group work, when it is used in recreation or education activities, is one part of a widening strand of consciously applied social science characteristic of our times.

The function of recreation, as G. Ott Romney defines it and as it is generally understood, involves primarily the provision of enjoyment of experiences which are ends in themselves, the consummations, not the means of life. As he states,

Recreation as one of democracy's ways dignifies human worth and glorifies the individual. It is then the individual seeks opportunities for adventure and experience, for self-discovery and self-expression. It is then he creates opportunities for doing and opportunities for appreciation. Recreation's incentive is gratification in the doing, its compensation is a satisfaction of human longings. Rich dividends in a variety of personal development accrue.¹

When we provide recreation under community auspices, whether public or private, we inevitably exercise certain judgments in our provision of enjoyment. Some forms of recreation obviously are dangerous, futile, or trivial; some are antisocial. We cannot avoid the necessity for selection merely by asserting that we are to provide people with enjoyment. Under community auspices, recreation agencies must and, of course, do aim so to select what they offer that

¹ G. Ott Romney, *Off the Job Living* (New York: Barnes, 1945), p. 52.

enjoyment is derived from activities which provide constructive fulfillment to individuals and which contribute positively to society.

Enjoyment has not only many forms and many sources, but also many levels. John Dewey points out a significant difference between pleasure and fulfillment. "Pleasure," he says, "may come about through chance contact and stimulation. Such pleasures are not to be despised in a world full of pain. But happiness and delight are a different sort of thing. They come through a fulfillment that reaches to the depth of our being—one that is an adjustment of our whole being to the conditions of existence."² It is, I presume, some such conception of "happiness and delight," rather than of chance pleasure, which underlies our recreation programs at their best.

What contribution does social group work as a method make to fulfilling the recreation function? I should like to answer this in terms of three specific areas: (1) its contribution to the increase of enjoyment by more satisfying human relations; (2) the help it can be to individuals who are unable to enjoy themselves because of personal difficulties; and (3) its contribution to the significant by-products of recreation experience.

It is hardly necessary to point out that the fun derived from most activities arises in large part from contact with the other participants. While we know that many people join clubs, classes, or teams because of an interest in the sport, or the art, or the subject to be discussed, there is sufficient evidence that the chance to make friends is a predominant factor in bringing and holding them to the activity. Many groups, notably social clubs, arise and persist almost entirely on the enjoyment of sociability. The opportunity for friendship, for the stimulating interplay of congenial spirits, for the creative expression of powers that can come in a group, for the personal security and expansion of the ego that arise out of belonging to a group—it is these and similar elements which make the group worker give pre-eminence to the aspect of human relations in the provision of recreation.

The recreation leader, of course, needs an adequate acquaintance with the recreation skills—music, drama, craft, sports, and the like. He needs to help his group to use these resources to the full; he needs equally to understand how to assist the interplay of personalities. We all know how much of any skill in social group work is needed to remove those blocks in human relations which spoil everyone's fun.

² John Dewey, *Art as Experience* (New York: Minton Balch, 1934), p. 17.

These blocks arise out of such factors as the relation between rival subgroups, the vaunting ambitions of a domineering leader, the passivity or irresponsibility in a group. The skill of the leader consists not alone in preventing unnecessary friction and in channeling hostilities into useful outlets or controlling the antisocial. One of the principles upon which social group work as a method rests is its conviction that one of the chief sources of positive fulfillment for the individual lies in the deep delight available in the mutual interactions of a democratic and creative group. The group worker and the members at this point share the same purpose. If it does not yield enjoyment, it has obviously failed.

It is, I think, significant that the Menninger Clinic reports that one of the symptoms characteristic of emotionally disturbed people is their unusual lack of absorbing recreational interests. Many people show, to some degree, the same inability to relax, to give themselves up to play, to find outlets for unused powers or unconscious drives in acceptable recreation. The group worker, in addition to his awareness of the group as a whole, also should be able to distinguish within it those who cannot, though they would, enjoy themselves. These may be the isolates who wander disconsolately without friends, the wall-flowers who suffer painfully through club parties, the bullies whose sadistic pleasures ruin the playground, the lonely aged going "queer" for lack of human contacts, the child who shrinks from competing with others, the adolescent whose only security lies in his emotional hold upon the recreation leader. The personality problem behind each of these familiar types of behavior requires skillful diagnosis. Assistance can sometimes be given by an understanding use of the group relations available. These may serve to bring out latent powers, to increase security by acceptance, to restrain aggression by collective pressure. In severe cases of personal maladjustment the group worker will, of course, need to seek individual treatment. He may know that the achievement of real recreation experience for these members will come only with "the adjustment of the whole being to the conditions of existence," which makes possible the happiness and delight we all should get from life. He may realize that adjustment accomplished in a recreation setting will have its effect on the rest of life as well. If real enjoyment can be found, however tentatively at first, the compelling desire for its repetition is itself a powerful aid in necessary readjustments. Let me emphasize, however, that the group worker who is ful-

filling the recreation function in individualized ways is helping people to enjoy themselves; he is not engaged in treatment.

In his book *Off the Job Living*, Mr. Romney says that recreation's concern is "with the individual and his wants. . . . It must vitalize interests, improve skills, enrich lives. . . . It must use all its wiles to educate tastes."³ Among such tastes Mr. Romney includes, not only higher levels of music, art, and literature, but also an increased interest in public affairs. The dividends of sound recreation, he declares, lie in "citizenship education, improved ability to express oneself and confidence in presenting views, faith in the democratic process, education of tastes, discovery of talents and appetites for work, joy in associating with people and an understanding of human nature."⁴

This is, I believe, a clear statement of a fact with which we are all familiar—that while people play, they are also doing much more besides. As we begin, in every aspect of the social services, to see the person as a whole, we come increasingly to understand that we cannot provide any one service by dividing the person among specialists. Just as the doctor cannot wisely prescribe without understanding the whole man, and the teacher cannot teach without realizing the impact of the community on his students, so the recreation worker cannot provide recreation without awareness of the indirect and extremely significant by-products of what he is doing.

Thirty years ago Dewey and Kilpatrick effectively pointed out that attendant and concomitant learnings, often highly charged with emotion, surround every direct and conscious learning. As our understanding of play as well as of learning has increased in recent years, we have begun to see more clearly why and how recreative experience inevitably has the wider implications to which Mr. Romney points. As we understand these attendant effects on persons and on society it is clear that as professional workers we must take them into account. Beyond and around the more obvious and conscious purpose of enjoyment which we and the participants have in common, we cannot avoid the responsibilities which arise from our seeing also the wider consequences which follow upon the community's provision of recreation. We are not private persons enjoying ourselves with our friends. We are the community's agents providing one of the community's services to its members.

³ Romney, *op. cit.*, pp. 85-86.

⁴ *Ibid.*, p. 98.

Much of the quality of any civilization is expressed in the way in which the people use their leisure. As that leisure expands constantly with technological improvements, it becomes ever more important that society find more enriching ways in which to use its time and its human resources. Art, philosophy, invention and adventure, the enjoyment of nature, represent the ancient well-tried and fruitful channels for the surplus energy of mankind. The types of activity sought and the level of taste attained in our leisure will constitute one major test of the dominant values of our civilization. If group workers have a contribution to make, it is in our belief and, we hope, also in our skill, in encouraging creative rather than imitative experience, in starting with existing levels of interest and taste and leading on through satisfying experience into the deeper veins of our social heritage.

From the way in which we organize recreation there follow certain effects upon the social life of the community. As groups form for activities they weaken or reinforce racial and nationality loyalties, they break down or build up class barriers, they separate or unite neighborhoods. The fact that recreation activities give play to intimacy in varying degrees makes possible many different expressions of intergroup feelings. A careful and skillful use of clubs, athletic leagues, classes or forums, interclub councils, playgrounds, camps, and other resources may be the means by which to bridge our social chasms. As group workers we are concerned that our methods will be such as to contribute to social understanding.

It is natural that a democracy should be concerned to establish adequate recreation facilities for all its citizens. It is equally true that the continuing vitality of that democracy depends upon the penetration of democratic values to all the life within it. If our recreation or adult education groups are autocratically directed, if they are tainted with corrupt politics or riddled with minority controls, they will corrupt the larger social life about them. If, however, the participants experience democratic government within their recreation groups, they will carry that over into other areas. Margaret Mead has pointed out how strategic it is to the preservation of the humane and just values of our civilization that they be imprinted on the playground where so much of our cultural heritage is passed on to new generations. The group worker has long been concerned that we constantly

examine critically our methods of organizing and conducting recreation groups to insure that their educational by-products contribute to democratic conviction and democratic experience.

The professional worker, whether coach, teacher, or club adviser, has inevitably a significant relation to his group as a whole and to individuals within it. The quality of that relationship and its responsible use are of major importance if recreation is to yield all that it should to the participants. There are certain standards of professional relationship which the recreation worker shares with other professions. Like the doctor, the teacher, or the caseworker, he must be interested in service to the people with whom he works. He must know how to use his skill for their benefit—not for his own—and he must consciously control his relationships to that end. He has, I believe, certain opportunities and certain problems, arising out of his role in relation to the group. Unless he is aware of the potent influence which he wields, he will miss the chance to use it wisely; at the worst he may consciously or unconsciously exploit the group for his own ends. In every action the recreation leader is demonstrating his own values, is using his authority helpfully or destructively, is creating dependence upon himself or encouraging a balanced, self-respecting relation. Such attendant learnings are inevitable. Shall they be dealt with consciously and intelligently on the basis of the best we know from modern social science? We are concerned that the responsibility of the worker in recreation be handled on the highest level of professional skill, including both knowledge of the activity and an understanding of the relationships involved.

Social group work makes no claim to having found a panacea. If we think we have found a significant clue, we know we are only at the beginning of unraveling it. We share with others in the field of recreation the conviction that more adequate recreation should be extended under both public and private auspices. We believe that social group work has a contribution to make to the extension of recreation programs that will enhance their value. Social group work should make such enjoyment available to more people in fuller ways, and it can, we hope, assist by using its deeper and wider social implications for the community's benefit.

THE GOVERNMENT AND RECREATION

By Charles K. Brightbill

ALTHOUGH THE POSTWAR WORLD is not surprisingly different from the world we knew before the war, there have been changes in every field of social service. I know of no area where these developments have been more pronounced than in the field of tax-supported recreation.

I am aware that the practice of attempting to identify trends is a risky one. Can anyone be sure of what constitutes a trend? Any effort which helps to shape the destiny of a field as vital and as far-reaching as "government in recreation," and which encroaches on the realm of prediction, should be undertaken with hesitancy and care. Nevertheless, I shall venture to discuss some of the high lights in this field; the decision as to whether these facts point directions and indicate trends will not be mine.

The paramount responsibility for recreation continues to rest, and should remain, with the local community. It is with the municipality that recreation as a function of government takes its roots, and it is in the town, city, or county that recreation comes closest to the people. Thus it is appropriate first to consider developments at this level of government.

Although the number of local tax-supported recreation systems steadily increased after the end of the first World War, particularly during the "threadbare thirties," they have multiplied even more rapidly since Pearl Harbor. Communities are establishing, through local legislation, permanent, year-round recreation services. Conservative estimates indicate that from 250 to 300 public systems have been created in the last six years. It is encouraging, too, that these new systems sprang up in all sections of the country and in communities of all sizes and with varying characteristics and make-up. Services were established in small towns like Littleton, New Hampshire; Pulaski, Virginia; Ironton, Ohio; Gaffney, South Carolina; Key West, Florida; Monticello, Arkansas; Temple, Texas; Provo, Utah; San Carlos, California; and Longview, Washington. They grew in war-impacted places such as Ypsilanti, Michigan; Seneca, Illinois; Alexandria,

Louisiana; Pascagoula, Mississippi; Panama City, Florida; Warner-Robbins, Georgia; Orange, Texas; Richmond, California; and Bremerton, Washington. They developed in larger places like Columbus, Knoxville, and Peoria, and, interestingly enough, the pace has accelerated since V-J Day. As of April, 1946, more than 150 additional communities in thirty-three states had plans under way for establishing similar recreation systems.

Closely related is the tendency for several communities and, in some instances, even towns in adjacent counties, to pool their facilities, funds, and leadership. This is most evident in the rural areas, and increasingly we note the presence of county recreation departments such as those in Jefferson County, Kentucky; Marion County, West Virginia; Unicoi County, Tennessee; St. Lucie County, Florida; Tooele County, Utah; North Kitsap County, Washington; and Contra Costa County in California. The creation of special recreation taxing districts is on the increase, especially on the West Coast. The best examples, perhaps, are Vallejo and Hayward in California, and Willamalene in Oregon.

As new systems spread from coast to coast, the idea is taking hold that wider use must be made of existing public facilities regardless of the departmental jurisdiction under which a particular facility or area falls. This is why, each year, scores upon scores of additional schools are made available for community and recreation use. And it explains the growing use of watersheds, forests, reservations, and even airport lands for functional recreation. It is estimated that local public recreation authorities now operate between 17,000 and 25,000 separate areas including playgrounds, indoor centers, bathing beaches, golf courses, camps, and swimming pools. Not only is better and more extensive use being made of existing public school property, but particular attention is being given to the design of new school buildings for functional, multiple use.

Let us not overlook another important development, namely, a realization of the importance of planning and of the relationship of recreation to community planning. Increasingly, city planning for new land acquisition and extension of city boundaries consider the adequacy and proper location of recreation facilities. Emphasis is being given to the self-sufficiency of neighborhoods, not only in regard to recreation facilities, but as to program and leadership as well. Modern recreation planning envisions the homogeneous neighborhood rather than the

old artificial dividing lines of wards, precincts, and school service areas. Functional planning is a cardinal prerequisite for developing public recreation systems. The true significance of this principle can best be appreciated if recreation areas are considered, not merely as physical exhibits, but as means by which services are administered as a phase of public welfare. In this respect a recreation center is as functional as a school or a hospital. National standards for recreation space are being applied in many places, including Cleveland, Detroit, and Chicago. Finally, long-range planning studies have been made in Portland, Maine; Los Angeles; Augusta, Georgia; Mobile, Alabama; Charleston, West Virginia; Muskegon, Michigan; and dozens of other places.

The extent of postwar planning for the development of local recreation projects taxes the imagination. These range from San Diego's \$63,000,000—4,300-acre waterfront center on Mission Bay which includes a yacht basin, swimming and beach facilities, aquarium, sail-power and rowboat courses, picnic areas, marine stadium, ball diamonds, golf course, and wildlife preserve, to the \$5,000 play center for the 2,400 citizens of Ludlow, Vermont. They include Chicago's successful \$60,000,000 referendum for forty-three new parks, swimming pools, and field houses, and the \$8,700 recreation area for the 900 people in Shell Rock, Iowa. Campaigns for recreation facilities as living war memorials are widespread. These memorials include community centers in Santa Barbara, California; Holland, Michigan; and Clinton, Tennessee; auditoria in Tucson, Spokane, and Greensboro, North Carolina; play areas in Anderson, Alabama, and in Seattle; stadia in Denver and in the District of Columbia; and youth centers in Ambridge, Pennsylvania, and in Pueblo, Colorado.

The war has demonstrated the feasibility of many practices which previous experience demonstrated to be worth while. Now there is evidence that there is a greater integration of public and private recreation resources than has ever existed before. The war showed that such integration is possible and practicable. More of such cooperation, joint planning, and action can be expected. Although the road to unified agency efforts is not an easy one, the war experiences have provided the foundation, and public opinion will eventually demand far more comprehensive, joint planning on the part of public, quasi-public, and private agencies, far more effective coordination, and far less duplication of services. Wars dissipate resources. They

can only be followed by a strict accounting of public expenditures. The pendulum has already begun to swing back to retrenchment and economy. Certainly competition, both for the tax dollar and for the contributed dollar, will be sharp! Those recreation agencies which take the initiative in coöperation, and which objectively render service without thinking too much of preserving their own identity, will be the longest lived.

The need for coördination of recreation services emerged at every turn during the war, and undoubtedly there is no better example to which to point than the field of housing. Coöperation and coördination were not only desirable, they were essential. In some instances, the recreational facilities were maintained by the housing authority, and leadership was furnished by the United Service Organizations, or financed by War Public Service funds of the Lanham Act, or by municipal funds, or programs were made possible by the services of a local recreation department. Frequently the local tenants' councils were responsible for devising policies. I believe that the Federal Public Housing Authority at one time estimated that 2,000 housing projects were supplied with community recreational facilities. In some places, not only local leadership, but local facilities were used. In San Francisco even now the Recreation Department, at the request of the Housing Authority, assumes responsibility for recreation in all fourteen of the housing developments and in adjoining areas where facilities are available; \$75,000 is set aside annually for the program in the municipal budget.

Some local developments might be considered evidence of a trend. Let us not overlook the fact that at least a start has been made in (1) breaking down the inequalities of recreation opportunities as between geographical areas (including communities) as between neighborhoods, and in neighborhoods as between income groups and age groups and racial groups; and (2) in stimulating the concern of labor and management about the importance of recreation for employees and their families. We have also begun (1) to consider the place of recreation in helping to meet the needs of entire families, thereby helping to offset the shift to nondomesticity in a technological society; (2) to promote day camps and family camps and provide countless more opportunities for co-recreation; (3) to recognize that recreation is a factor in the economic life of a community since it creates demands for goods and services and attracts and holds home owners

and business investors; and, finally (4) to pay particular attention to the needs of youth and veterans and their families.

For a long time the older, established departments of state government have been actively interested in, and have contributed to, the advancement of recreation through departments of education, conservation, parks, welfare, and health, through planning boards, and occasionally even through departments of commerce. There should be no time lost in acknowledging the contribution of these departments, and every effort should be made to encourage and strengthen their recreation services. We should not, however, soft-pedal the cry for the establishment of state authorities primarily and exclusively interested in the development of community recreation. I am proud to say that the Recreation Division of the Federal Security Agency, guided by its experiences with more than two dozen state war recreation committees, has recognized recreation as a function of state government and has thrown its resources behind the move to strengthen the states. All municipal and county governmental units with the exception of recreation can look to their counterparts at the state level for outside experiences and resources. There is no reason why recreation should be an exception if we really believe that government does have a stake in recreation. There is still much controversy on the question of how state recreation services can best be administered, but resistance to state recreation service as a legitimate need is dwindling rapidly.

When states create managing authorities for recreation, does it mean that the state imposes ideas and programs on the local community? It does not. Does it mean that the state hires the local recreation leaders or even dictates personnel qualifications? It does not. Does it imply the power to determine the length of the playground season, the activities to be conducted, the policies to be effected, or even the character of the buildings and equipment? By no means. What then, does it mean? It means simply that the state aids the community in doing its own job, by means of counsel and help rather than by supervision and authoritative control. The communities across the land not only welcome, but seek aid in appraising their needs, organizing their systems, developing broad programs, finding funds, training leaders, planning areas. They want to exchange ideas and experiences and they are looking for assistance. There is only one valid reason for the establishment of state recreation authorities,

and that is to provide additional resources for the communities. If there was ever any doubt about it, the war demonstrated that the demand for service far exceeds the assets available to care for that demand. Double the budget, in every state, of every old-line agency with a stake in recreation, establish a state recreation commission in every state, multiply existing outside resources over and over again—and the need will still not be met.

There are several ways of analyzing what is taking place in the states. I have chosen to classify the developments in four categories:

1. *States are making it easier for communities to provide adequate recreation services.*—Through legislative action, states are liberalizing their enabling acts, the laws which in a single act give to every municipality general powers to conduct broad recreation programs under any form of organization of local government. Several years ago, twenty-five states had such laws. Within the last year or so, Alabama, Georgia, Kansas, Maine, New Mexico, and West Virginia have passed enabling acts. Moreover, North Carolina and Indiana, which have had enabling legislation since 1923 and 1925 respectively, broadened their base considerably by passing new bills or amending old ones. South Carolina passed a bill increasing recreation taxes in several parishes, and Wisconsin removed legislative limits on charges and fees and the amount of funds which can be raised for recreation in fourth-class towns.

2. *States are establishing permanent managing authorities for recreation.*—North Carolina created through legislative action the first permanent State Recreation Commission in the nation. Vermont established by law the State Recreation Board, which has two years in which to demonstrate whether it shall live or die; and its neighboring state, outdoor-minded New Hampshire, put recreation on an equal footing with forestry by creating the Office of Recreation in the Forestry and Recreation Department. California established a Division of Recreation in the Department of Education; Washington created a similar service and promptly appropriated \$250,000 for two years for recreation grants-in-aid to communities. In April of 1946 the Kentucky legislature appropriated \$36,000 for recreation for two years and authorized the governor to establish the Division of Community Recreation in the State Conservation Department. The legislature of Massachusetts has been considering a bill which would

create a state recreation board. The initial steps have been taken in New York to set up a Division of Recreation in the Department of Commerce, and it is expected that Connecticut, Maine, Ohio, Texas, Florida, West Virginia, and California will create permanent recreation authorities.

3. *States are strengthening the sinews of recreation.*—On the West Coast, California appropriated \$15,000,000 to acquire beaches, bays, and inlets for recreation use and \$15,000 to guide the establishment and development of community recreation centers. The California Youth Authority hired a field recreation representative to develop the recreation needs of young people, while the governor of Washington appointed a State Recreational and Cultural Activities Survey Committee and granted it \$20,000 to begin work.

In the Middle West the Illinois Post War Planning Commission recommended the creation of a central, state-wide agency to coordinate, advise, and plan recreation services, while Michigan created the Youth Guidance Commission and granted an appropriation of \$37,000. In Wisconsin the State Recreation Council has asked the state university to provide recreation services to communities. A state recreation and park consultant is already at work for the Extension Division of the University of Indiana.

In the South both the Tennessee and the Virginia state planning boards are seriously considering the employment of recreation specialists. Georgia has passed a bill establishing the Georgia Citizens Council, which includes recreation as one of its major functions. Joining the already long list of states with recreation committees or councils are New Mexico, West Virginia, Kentucky, and Nevada.

4. *States realize the future importance of recreation.*—There is no better barometer of the interest of states and their political subdivisions in recreation than can be found in their postwar or "deferred" plans—deferred because in countless instances they represent projects which should have been inaugurated a long time ago. Not only are states earmarking millions of dollars for the construction of recreation areas and facilities, but, just as important, a number of them are appropriating state funds on a matching basis for plan preparation and site acquisition for city and county improvement projects. But even the proposed state expenditures are dwarfed when compared with the figures for the recreation plans of towns, cities,

and counties. Hundreds of these local plans are on the drafting boards or in the blueprint stage; others are already under construction, or will be as soon as the critical materials situation eases.

It would be foolish to assume that there is complete support for state recreation from all quarters. There are still many skeptics who consider state recreation to be a threat rather than an aid to community effort. Of course, the main responsibility for recreation rests, as it always has, with the local community, but we are so constituted as a nation that few communities can effectively meet their needs without the active coöperation and leadership both of public and of private state agencies. The great variation in resources, the lack of proper organization of some of these services, and the need for close coördination between the services of urban and rural areas call for far more effective state leadership and organization than are now to be found.

The communities' demand for technical assistance, counsel, and help during the war period will be surpassed by the coming increase in demand for similar services. The stake of the state government in this area of general welfare is large, and the responsibility of state government, along with that of the local and the Federal Government, to meet the growing demands for technical services in this field is clear. Community recreation has developed into a distinct area of interest and procedure; an area that has its own techniques; an area that has specialized and highly trained personnel; and certainly an area that has a philosophy and a history compatible with the finest concepts of American democracy.

Although recreation is not new to the government of the United States, the idea that recreation is an essential and legitimate function of the Federal Government enjoys more prestige and is shared in more places than ever before. Of course, recreation is and will continue to be a secondary function of many Federal departments. And although the contributions to recreation by these departments have been sizable and will continue to grow, there is no pretense that recreation is their primary, sole, or even major concern. The old-line agencies and bureaus, such as the National Park Service, United States Office of Education, Extension Service of the Department of Agriculture, National Housing Agency, and the United States Children's Bureau, exemplified the government's active interest in recreation during normal times, but it is hoped that their services will be

strengthened. We know that some of the older departments expect to expand their recreation services. For example, the United States Office of Education includes in its reorganization plans an Auxiliary Services Division with a special section on school-community recreation. Moreover, we should not overlook the fact that the Federal Government has organized emergency recreation programs in one form or another in the last thirteen years. During the depression such agencies as the Work Projects Administration, National Youth Administration, Civilian Conservation Corps, and Resettlement Administration were typical of the groups which had recreation programs. During the second World War the Navy and War Departments operated enormous recreation systems with their own personnel. The Recreation Division of the Federal Security Agency devoted all its time and energies to recreation, both for the military and for civilians in war-impacted communities. Thus, recreation in good times and bad has been, is now, and will continue to be an important function of the National Government. The emergence of recreation as a permanent service in its own right with a statutory base is only a matter of time. There are several reasons why I believe this to be true.

History has demonstrated repeatedly that the quality of our culture and of our society as a whole is determined greatly by the use we make of our leisure time. The social, cultural, educational, moral, health, and physical values of recreation in our national life are now better understood and appreciated. Consequently, interest in recreation on the part of community leaders in small towns and large cities, in the states, and in national groups, as well as in the halls of Congress, is at a high peak. During the war hundreds of communities developed for the first time a major interest in recreation. Hundreds of other communities had set about to improve recreation conditions before the war. Thousands of towns still have no organized recreation services. These three types of community are now asking for additional and continuous help in expanding and improving their recreation services. There is a determination to conserve the advances made during the war.

This determination becomes more pronounced in the face of present limited resources for assistance. Technical services now available, both from governmental and nongovernmental sources, are inadequate and unequally distributed. More states, more communities, more agencies, more professional leaders, and more volunteers than

ever before wish to promote, improve, and greatly expand recreation facilities and opportunities, but for most of them there is nowhere available the technical advice and aids which they need.

These are a few of the dozens of reasons why we can expect the establishment of permanent Federal recreation services. They become more meaningful when we add to them the fact: that recreation received its greatest attention and impetus during the war just ended, and the people want to move ahead; that there is not a single community recreation system in America which its own leaders consider adequate to the needs of the population; that the will to improve recreation is empty without knowledge of how to carry out those wishes and purposes; and that the recreation inequalities and inadequacies throughout the nation are enormous.

We all realize that the Federal Government has been traditionally concerned with education, health, welfare, law enforcement, and the like. Now there is more than a tendency, there is outright acceptance and declaration of recreation as a basic sector in the field of health, education, and security in which the Federal Government has a major concern and which is completely in harmony with the established purpose of providing progressively more effective services relating to the general welfare. This point was made by the Woman's Foundation Report on "The Road to Community Reorganization." In it recreation takes its place in correlative, although not equal, status with health, education, welfare, and social insurance. At least one or two of the several major plans to reorganize the welfare agencies of the Government into a single department with cabinet status include recreation as a needed function.

The major and pertinent question does not appear to be, "Is there a need for permanent Federal recreation services," but rather "How can those services best be organized and what should they include?" It is the latter problem toward which the studies of the Woman's Foundation (August, 1945), and of the National Recreation Policies Committee (January, 1946), were directed. This question, too, is the point of departure for exploration by the Society of Recreation Workers of America. Although the findings have not been completed and there is not unanimity of opinion on all points, I believe that the following observations indicate the trend of thought:

1. Such service belongs in an agency that is mainly concerned with human needs, the general welfare of the people, the health, welfare,

education, and security field. Historically, the Federal Security Agency has implemented in a major way this concern.

2. The major services are largely twofold: (a) the technical and professional advisory services function; and (b) the information-research-report-publication function.

3. Services should be provided, upon request, to the states, to their political subdivisions (with the consent of the states), and to non-governmental organizations in the development of their community recreation programs.

4. The main objective should be to strengthen the states and communities.

5. There should be created a National Advisory Board on Recreation Services selected from leaders of national standing in the fields of public or private recreation, or in related fields, who are not employees of the Federal Government.

6. The authority or responsibility of any other department or agency of the Government shall not be impaired.

7. A sincere attempt should be made, perhaps through the organization of a Federal interdepartmental committee, to coördinate the recreation responsibilities of all Federal agencies, by voluntary cooperation rather than through legislative control.

8. An appropriation should be requested which would permit the hiring of a field staff comprising one person to each two states and a small central office of about a dozen persons. Furthermore, once this appropriation is determined, a ceiling should be placed on it to allay any fears that appropriations would mushroom over the years.

These points, I believe, constitute the major considerations in trying to find a satisfactory and workable solution for the stake of the Federal Government in the recreation of America which is, after all, the stake of the Government in the highest welfare of the people themselves. What we see in the Justice Department's establishment of a National Advisory Committee on the Problems and Needs of Youth; in the newly created Special Services Division of the Veterans Administration, with its subsections on recreation and entertainment, athletics and sports, libraries and canteens; in the disposition of millions of dollars worth of recreation goods and properties through the War Assets Corporation; and in the Federal Works Agency's resources for the advance planning of non-Federal public works I am not quite certain, but time, as usual, will provide the answers.

There can be no difference of opinion on the truth that these findings are supported by past and current events. To me, more remarkable than the facts themselves is the thread that runs through all of them, providing evidence that government at all levels increasingly accepts recreation as a basic, essential, democratic function. Notice, too, how amazingly interdependent and closely related are all these so-called "trends." Nothing happens that does not affect something else. Perhaps there is no better straw in the wind to indicate the collapse of isolationism in our domestic social services than is found in these clear government developments. I believe that whatever is occurring today in public recreation is helping immeasurably to revitalize our entire social process.

True, it is easy to be overenthusiastic about the past and erringly speculative about the future. Nevertheless, something always goes before a trend and something always comes after it. I think we can concede that trends arise from some portion of what goes before and lead to some portion of what comes after. If this is a sound contention, then I think the proper approach to receive better recreation in government, and, conversely, better government in recreation, is wisely to examine what we believe to be the growing patterns, then to avoid the weak ones and develop the strong.

FUN FOR THE OLDER PERSON IN THE COUNTRY

By Theresa S. Brungardt

THE CONCEPTION OF RECREATION as an important part of rural life is age-old. Much of our worth-while recreation originated in rural life. The old-time singing school, country dancing, the folk arts and crafts—all were part of rural living. In the old days, the barn raisings, the barn dances, the country fairs, the husking bees, the sleigh rides, church suppers and socials provided recreational outlets for people of all ages.

While today many rural areas in Vermont have recreational outlets in the Grange, church, farm bureau, and other organizations, there are many more which have no community spirit. Many small communities are unchurched; young people often leave the farm principally because there is nothing to do but toil. Some rural communities are tiny hamlets, hardly more than a crossroads, and many of them are in remote hill areas. Country winters are long and lonesome, with endless nights that are cold and dark. How to banish boredom, fill leisure hours with joy, and make recreation contribute to the mental and spiritual worth of the individual is a problem.

Rural social life must be strengthened from within, and only as people come together as neighbors can there be community life. There is increasing concern to serve the individual, the family group, and the community. As a whole the family unit is still important in rural areas. The individual, however, be he young or old, needs opportunities to discover abilities, skills, and interests within himself; opportunity to enjoy social relationships with others and skills which add to this enjoyment; opportunity to enjoy creative activities, such as music, books, nature, dancing, and games; opportunity to participate in the civic and social affairs of the community; opportunity to talk, and something worth while to talk about. The recreative life in the country needs to be stimulated.

While it is difficult to concentrate on one age group when the leisure-time needs for all ages are so great, there is a growing aware-

ness of the need for recreation for older people, a need which has been made more apparent by the steady increase in the number of older people in proportion to the total population. With the longer average life-span expectancy the leisure-time problem is a vital one for those of sixty-five and over. In most rural communities three major difficulties aggravate this recreation problem: (1) the lack of funds; (2) the lack of adequate leadership; (3) the inadequacy of equipment. However, in an effort to serve small communities recreation councils are being organized from representatives of local churches, schools, social organizations, and special interest groups. By pooling their resources through the council, volunteer leaders are able to accomplish heartening results.

What can elderly people do for recreation in rural areas? Sometimes they just "set." Then there is the eighty-nine-year-old physician who drives his own car and who during the war years was the only physician in a large rural district. His hobbies vary from raising bees to writing poetry, and he is a faithful deacon in the church.

One woman of eighty-seven had always been too busy to read the French classics until last winter. When she undertook that "project" the weeks just flew.

A farmer of eighty-eight sagely remarked that "a farmer has to have resourcefulness and adaptability; it's his currency, and age doesn't change those essentials."

Recreation for older people in rural areas certainly includes such activities and interests as the "cracker barrel forum" at the country store, where politics, mortgages, and crops are discussed. In one town a group of elderly people is always on hand near the railroad station when the trains go by. That pastime is a form of passive recreation. In another rural district a storm of protest was aroused when the telephone company proposed the installation of the dial system. Visiting over party lines was the only social contact in winter. The party lines remained.

At most community suppers one finds that a large proportion of those who attend are elderly folk. For men, fishing and hunting knows no age limit. An old man of eighty-four prides himself on the limit catch every May Day. Another elderly gentleman occupies himself during the winter months by tying flies of all colors and sizes. The unofficial state record for shooting porcupines in Vermont is held by an old man in his eighties.

The ladies like to piece quilts. They knit and sew for the Red Cross and they love sewing bees. They are always ready for a trip to town, and a favorite pastime is sitting in the car and looking around. The elderly women are often called upon to make costumes for the Christmas play at the church or the Grange. I once came across a drab little old lady sewing in a corner of a hall while everyone else was busy setting the stage. When I asked her what she was making, her face brightened and she said, "I'm making a fairy costume." When I evinced further interest she confided, "Do you know, all my life I've longed to make a fairy costume, and this will be the most beautiful one in all the world." All the pent-up longing of years went into that costume.

One finds enthusiasm for the county fair among the elderly residents, who proudly exhibit their handiwork and visit with friends. Much pleasure is derived from the country dances. In fact, the oldsters frequently last longer than the young ones. The caller and the musicians are usually in the vicinity of four score in age.

One of the greatest satisfactions is community service. Public officials, selectmen, town clerks, and school committee members are frequently chosen from the ranks of the older citizens because they have more time to spare.

Horseshoes and croquet, chess, checkers, and jig saw puzzles are popular among elderly people. Hobbies offer a wide range and can furnish the carry-over interest for the waning years. Many hobby interests in the rural regions have uncovered hidden talents. Once started, the pursuit of a hobby goes along without much leadership or direction. Hobby interests give one something to look forward to, something different to think about, and often lead to friendships that replace lost friends and family. At hobby shows one finds that elderly collectors are in the majority.

An elderly French Canadian woman living alone on an isolated farm in Vermont owned a few sheep. When her only son was reported missing in action she thought she would "go crazy." She can neither read nor write but she knew that she had to do something. Finally she sheared the sheep (with terrible shears) and prepared the wool for knitting. She had always enjoyed knitting, and as she went along she invented interesting and intricate patterns. Beautiful sweaters were fashioned from this home-grown wool. The knitting which was undertaken as an emotional outlet is now bringing in an income, and

the mother is too busy to spend her waking hours in mourning the son who was killed.

Another old lady recalled that many years ago, when she was ill with some childish ailment, her grandmother made her a turkey wishbone doll. She makes them now as collectors' items from wishbones that are saved for her at the state prison.

One great-grandmother relates that when all her teeth were drawn she felt ill enough to go to bed, but she became involved in hooking a rug. For a solid week she worked steadily on the rug, which so held her interest that she forgot her aching jaws. One hooked rug made by another old lady depicted an Indian scene connected with the early history of her community.

A Finnish octogenarian who cannot speak English has a method of removing bark from birch trees and making unusual baskets. This activity now brings in some revenue.

In one small community, from six to nine farm women meet once a week in the converted blacksmith shop which is their weaving center. Their own report reads as follows:

Getting to the Center has been difficult at times since only a few women have use of a car, and some being forced to catch a ride on the school bus or milk truck, even at times to walking five to eight miles to get there. But at least a part of the group has been on hand every week since we started out five years ago, with only two exceptions. Each started out with one large loom, kept at the center, but some have purchased smaller ones and now work at home in between the days spent at the Center, during what time can be spared from other duties. Also three of them have daughters who weave, and who market their merchandise with the group.

An old gentleman found a discarded loom in the attic of his house. He put it in order and now spends much of his time in weaving. The turning of wooden bowls and plates was the recreation of one elderly man, but the hobby "ran away from him," he says, and now two other grandfathers help him fill his orders.

These are a few instances, reported by the Vermont Arts and Crafts Service, in which hobbies have developed into sources of supplementary income for elderly folk. As a result the older people are not only more independent, but happier as well.

In Vermont four library book wagons go into the remote hinterlands of the state. The library service reports fascinating experiences with elderly people.

Way up on a mountain lives a man named Brown. He is ninety-two and deaf, but the biggest event in his life is the arrival of the Book Wagon. He always wants sea stories, adventure stories, and travel books. When not adventuring at sea through his books, he canes chairs.

An old lady in her late eighties who lives in an isolated farmhouse wants biography which is worth reading, for she has "no time to waste on trash." Life is too short!

An elderly couple found some old glass in their attic and asked for a book on glass so that they could look up the names of the patterns. Out of this interest they have started a little business in antique glass.

In one crossroads settlement, several older people gathered together because of their interest in birds. They exchanged library books, and today they are such experts that city ornithologists consult them.

In one very small community two retired schoolteachers requested so many books that the Book Wagon librarian became curious. She discovered that they carried a full basket of books on their bicycles to farm neighbors. They selected the books carefully and even marked certain sections for their neighbors. They tied pages together with string to indicate either that those parts could easily be skipped by the reader, or that the section was too interesting to miss a word. Rendering this personal service gave the two women a sense of importance as well as satisfaction.

The Book Wagon also brings news from the outside world, especially when the legislature is in session. Elderly men gather around the Book Wagon to find out what goes on "down there" at Montpelier. In another rural area, when the Book Wagon arrives at the country store, the telephone operator rings the shut-ins. "Are you all on?" she asks—and then she gives the Book Wagon news and takes orders for books to be distributed to those who are too infirm to come to the store.

The Vermont State Grange lecturer suggests that a survey be made of the state's elderly people; work can then be done with those who have been unable to discover themselves. In this way, they may be helped to find interest in an enjoyable hobby that will make their lives happier and more meaningful.

Many older people participate in square dancing and games at the Grange. Those who cannot take part in active physical recreation sometimes prepare the write-ups of the Grange meetings for the daily

or weekly newspaper; write letters to shut-ins or to hospital patients; prepare scrapbooks for children's and veterans' hospitals; clip items of interest to the Grange lecturer; or do research work on a particular subject. The Grange lecturer relies on this group.

Many aged, indigent persons who are recipients of public assistance and who are past the age of productive employment have no adequate opportunities for satisfying recreation, and their lives are lonely and empty. A worker from the state Old Age Assistance Department stresses the need for recreation for those who are dependent:

In the rural districts individuals are totally dependent on their own resources. The woman who does not sew, knit, embroider or patch quilts; the man who does not fish, do carpenter work, wood working, leather work, are at a disadvantage so far as their enjoyment is concerned. . . . Little emphasis was placed on recreation when the present aged group was young and most of them never developed the capacity for recreation. Life was a pretty serious business and recreation was a "frivolous pastime." Vermonters have had their eye on work rather than recreation which is understandable from the standpoint of the comparatively small cash income which most farm families enjoy. Sometimes a hobby is developed which ceases to be a hobby and becomes a trade. In this sense, perhaps, elderly Vermonters find recreation in their work. In Old Age Assistance specifically it has been difficult to make people realize that even though they are dependent on public assistance they still have a right to and a need for some recreation and enjoyment. Too many feel "it just ain't fittin'."

Statistics are not necessary to prove that there is need for more recreation and a fuller life for the elderly in rural areas. The number of admissions to the mental hospitals from the old age group is far too high. While there are other factors, I believe that the remark made by one old man when his wife was committed is self-explanatory: "She ain't been out of the house for forty years. She ain't been to the city to get unsettled. I can't understand it."

The contributions made by the State Extension Service through its farm bureau and home demonstration clubs, by the Grange, by the State Library Extension Service through its Book Wagons, and by the Arts and Crafts Service, are of inestimable value to the leisure-time life of elderly people. The State Community Recreation Advisory Service tries to help communities appreciate their responsibilities. The Vermont Federation of Women's Clubs finances two rural recreation leadership training courses, each of a week's duration. Programs for older people are included in the course.

Someone said, "People do not stop playing because they grow old. They grow old because they stop playing." Webster defines recreation as, "to revive, to refresh, to create anew."

We are challenged, perhaps as never before, to develop a keener, more sympathetic, and more intelligent understanding of the needs of our older citizens. If we can revive, refresh, or create anew we will give them a new zest for their pursuit of happiness and the abundant life.

THERAPY THROUGH SOCIAL GROUP WORK

By Gisela Konopka

IT IS MY PURPOSE TO REPORT ON the group service given to emotionally disturbed children as an integral part of a child guidance center, to analyze the value of this service for therapeutic purposes, and to envision the future role of social group work in psychiatric settings. Under group therapy or psychiatric group work—I shall use those terms interchangeably—many different methods are known. It is a new field, and there have been many experiments. The criterion of usefulness can be only the real help we give to the individual to find his place in a complicated and ever demanding society.

The Pittsburgh Child Guidance Center serves children who have hit a stumbling block somewhere along the way of emotional development. They need help to overcome their difficulty. There are emotionally disturbed children in almost every general group at the Center, and a sensitive leader will spot them. In many cases, individual attention and a certain amount of follow-up work with the family will be sufficient. In other cases this is not enough, but circumstances prevent us from recommending referral, and the group worker must just do his best within the given limitations.

I want to make it very clear that I do not advocate psychiatric dabbling in groups. Some people have become so afraid of it that they think group workers should never try therapy, but this is falling into extremes. The leader in general social group work should look upon his group as the healthy cell of a democracy, but at the same time he should be able to spot the individual who cannot participate or who may be dangerous to the group life. He does not have to distort group work into a false therapy project. He can and should combine an understanding of the healthy individual and group with diagnostic knowledge and skill in working with an individual or in referring him to the proper place.

One such place is a child guidance center. The group work done in the Pittsburgh Child Guidance Center becomes therapy mainly because it is an integral part of a psychiatric set-up, just as casework done in a clinic becomes psychiatric casework because of the setting.

Certainly there are special techniques, and it is important to point them out.

In the Pittsburgh Child Guidance Center, after the parents of the child have been seen by the psychiatric caseworker and the child has been examined by psychiatrist, psychologist, and pediatrician, a staff conference makes the first diagnosis and discusses treatment plans. At this point it is decided whether the child should be treated by continued individual psychotherapy, by group therapy, or by both.

We have not yet developed standardized criteria for referrals to the group, but we recognize several reasons for such referrals. One of the main reasons is supplementation of diagnosis. Very often it is impossible for a child who is especially blocked in his relationship to an adult to make any transference to the psychiatrist; individual work with the child is therefore very difficult. We had an outstanding example in the case of a boy who was friendly and polite in his contacts with the psychiatrist although he was thoroughly destructive with his contemporaries. After a short observation period we realized that he was attacking younger children because of a basic fear of, and hostility against, anybody "big." Through the information we secured from the caseworker, we learned that the boy's father could not accept his highly intellectual youngster. After the boy had loosened up in the group he related to the psychiatrist dreams in which giants were bending over him and attacking him. Putting all those observations together, we were able to work on his feelings of insecurity and his fears. It was a new experience for this youngster that, in spite of his aggressive behavior, at the end of each meeting he was invited to come back. In the following months he became able to channel aggression into acceptable forms such as woodworking and clay work, and in feeling the approval of the group he became more secure. Simultaneous work with the father led to his understanding of the youngster's needs.

One of the values of the group is its reality. Hostility, for instance, which is usually played out through symbolism in individual interviews, either by talking or with the play materials, is shown in the group by real fights and attacks and can be handled realistically and consistently.

Another reason for group referral is to develop security in relation to an adult. Children who are especially suspicious toward adults, children who have been hurt by them, have been found to make a

good adjustment to the group therapist when they learn that he is an understanding and accepting person. Since the relationship is on a more casual and more social level with the group therapist than with the individual therapist, it is sometimes easier for those children to accept him first, and then later make a deeper transference to another adult.

Children with strong sibling rivalry use this kind of group largely to work out their feelings with other members of the group. They have to share the group therapist with other children. Often it is a revealing experience for a child to have contact with an adult who is able to give attention and acceptance to all members of the group alike. One of the girls in our groups was especially hostile toward younger girls and tried to make them the object of all her aggression, in this way playing out her own sibling situation at home. When she felt that the group therapist accepted her as well as the other members, her attitude became friendly, and, at the same time, it was reported that her attitude toward the siblings at home changed too.

Our groups are small enough so that individual attention can be given. The largest number of children in a group is eight. The grouping of the children is part of successful work with them and is a point at which therapeutic groups differ greatly from natural groups. The Pittsburgh Center is handicapped by the comparatively small case load carried by the agency and by the difficulties in bringing children from outlying communities. Moreover, at present there is only one full-time psychiatric group worker and one student who can lead groups. We have therefore developed only a rough kind of grouping along the following lines:

1. In general, the age range of a given group is limited to a span of two years, although exceptions can be made if we consider it necessary.

2. Hyperaggressive children and shy ones are not placed in the same group. We have found, however, that it is good to have, in the shy, withdrawn groups, at least one or two active children to help the shy ones to make a quicker adjustment.

3. With the exception of the preschool group, children are grouped according to sex.

4. We do not segregate children by color, race, creed, economic, or social background.

What is the role of the psychiatric group worker? What are the

methods used? There is no question that he has to be a sensitive person with a genuine warmth and respect for children. Besides this, the worker needs a large amount of professional knowledge and skill in three areas: (1) understanding of individual behavior, both normal and sick; (2) the group process; and (3) program planning.

The relationship between adult and child is most important. We must not forget that in most instances the emotional disturbance is connected with a difficulty arising from the relationship with one or both parents, parent substitute, or siblings, even if on the surface symptoms look like school problems or physical difficulties, such as enuresis, hyperactivity, or masturbation. The group is partially a family substitute, but it is also a step toward the individual's new relationship with a wider group in the community. It resembles in form and program the leisure-time club, but it still gives the protection of an adult who understands the problem of each individual in his small group. The psychiatric group worker, therefore, is father or mother to the children, and sometimes both. He has to be able to accept the emotions directed toward those adults—love, fear, or hostility—and he has to give the children the warmth, understanding, and firmness that they need. Only if a child is really convinced of the acceptance and respect he receives from the adult can he start to work through difficult relationship problems.

Acceptance does not mean complete lack of limitations. This must be stressed since often it is in this area that we find the source of misunderstanding between different schools of thought, and it is this area which requires an especially high amount of understanding and skill. Limitations have to be applied where the physical safety of the children is involved, and where the psychological safety is threatened. I mean by this that a complete lack of limitations would let the child do things which would make him feel so guilty that he could not handle his emotions, and his anxiety would increase. There are, first, the limitations presented by the setting. As long as they are consistently applied and are understandable, children can accept them well. Children have the right to question or to get angry at "don'ts." It is the group therapist himself who takes responsibility for the limitations. In that way the child can grapple directly with the limitation and with the person who is imposing it. The right to question, to "get mad," and the slowly developing confidence that limitations are not applied according to the whim of the adult prepare a basis for

acceptance of them by the child. Limitations are not always "don't's"; they may be the setting of a positive example by the group leader. If relationship is established, the child will willingly follow the example of the worker even if it means a limitation of his instinctual drives. This is the beginning of establishing a superego which we hope will become more and more internalized.

One example is a small incident that occurred in one of our groups of boys eight and nine years of age. The boys had started a fire to roast wieners. They found rain worms and decided to throw them into the fire. (This was in the sixth month of meeting of this group, and a good relationship had been established between the group therapist and the boys.) The group worker did not say, "You shouldn't throw the worms into the fire," nor did she just let them do it, but quietly she mentioned that the worms help to keep the ground fertile and that it seemed better to let them live. The boys, without questioning, renounced their impulse to throw the worms into the fire. In the discussion that followed immediately, two of the boys anxiously questioned the leader about "burning in Hell," what would happen to them if they were to go to Hell, and whether the fire would be very bad, etc. A whole wave of anxiety was suddenly breaking loose, and it was possible for the children to talk about this after they had been able to limit themselves at a point where they otherwise would have felt guilty. Limitations have a constructive value, and they have to be used as such.

As important as the relationship between the psychiatric group worker and the members of the group is the interaction between the members of the group. It is the goal of the therapist to increase this group interaction and to step more and more into the background. Group therapy is both therapy in a group and therapy through the group. The help that the group gives is very often a loosening up of the individual who cannot relate to one person alone.

We have seen the happy influence that contemporaries have on the child who cannot accept frustration. Jack was a boy who had a reputation for continually getting into fights. In the group Jack could not accept the least frustration. The moment that he began to lose a game he would throw it aside and play with something else. Each time, the psychiatric group worker said nothing, but the other boys called him a "bad sport." He then withdrew into solitary activity. One day he started a fist fight and was defeated. With tears

in his eyes Jack started to throw everything he had in his pockets on the floor—car checks, money, candy, and so forth. The boys just shrugged their shoulders, again called him a “bad sport,” and went to another part of the workshop to start a game. Jack stood isolated. The group therapist walked over to him and asked what had made him so mad. He said that the other boy had cheated. Since the worker had clearly observed the incident she knew that this was not the case. She said quietly that she knew he felt pretty bad because he was defeated, that defeat was hard for anybody. No other comment was made. He went to a machine and started to cut into wood, in that way releasing much of his rage. He was able after this episode to talk about it to the psychiatrist with whom he had individual interviews, and when he was shown that he did not have to win every time because there were other things in which he could excel, he apparently was able to accept it. At the next meeting one of the boys said, “Want to fight again?” Jack with a half smile said, “No, and if I lose, I won’t mind either.” And that statement represented a real effort on his part.

Group discussions help the individual to recognize that others have problems similar to his own, and therefore they relieve anxiety. The Pittsburgh Center has had little experience with such organized discussions, because we work mainly with younger boys and girls up to thirteen years of age. However, informal conversations serving the same purpose occur often in the groups and are encouraged by a question or remark thrown in by the group therapist. There have been discussions between boys about the reasons why they had been brought to the juvenile court, and by girls on the “trouble” they had with their fathers.

To help channel different drives into a socially accepted form of release the psychiatric group worker must have the skill to develop a program adapted to individual needs. Most of the children in these groups start with individual work. They are not pushed into group action, for we want to give each child time enough to gain some balance in himself until he finds his place in the group. It is quite clear that in the course of several meetings the needs of the children change, and different procedure must consequently be used. The children usually develop fairly easily if given opportunities to relax. Certainly, then, the program should change too. We have found an interesting correlation between certain media and the way they are used and the emotional needs of individual children. Here are a few examples:

Work with wood is excellent for very aggressive children. We have seen boys who were in real rage suddenly turn to a machine and by cutting wood, release their aggression in a more desirable way than in attacking another person. Outdoor play and games are important. We think that it is better not to use competitive games with emotionally disturbed children because they often increase the insecurity that is the basis for the disturbance, but even on this point we cannot be rigid. I have seen children whose only way to relate to others was through competition, and this was the first step toward any real relationship.

Dramatics are helpful, especially with children who do not dare to show their real feelings. Children frequently use puppets or costumes to express their feelings while they hide behind the curtain of another personality.

Another important part of our meetings is the serving of food. For many children the giving of food symbolizes giving of love. It also brings the children together at some point in the meeting.

An important part of the psychiatric group worker's job is the referral of the child who has shown improvement to a group in his own neighborhood. It is important for the group worker to understand the setup of the other agency, the help it can offer the child, and its limitations. We learned in the case of Grace how important careful referral is for real success. Grace, a ten-year-old girl, had been in our therapeutic groups for quite a while, and we were convinced that she was now able to get along in a group in her neighborhood. Grace was not an especially shy child, but she had great difficulty in making new contacts. When it was suggested that she join a Y.W.C.A. group Grace seemed rather helpless as to what to do about it, and it seemed necessary for the worker to accompany her. When Grace saw the other girls playing in a gymnasium she suddenly withdrew and did not dare to enter. It is quite clear that if she had gone by herself she would never have joined. She was not urged, but the group worker who had prepared the referral with the leader of the gymnasium made a sign and the gym leader sent over two girls to ask Grace whether she would not like to join. It was important that it was not an adult who urged her, and not the person who had brought her, but that the invitation came from the girls of this new group. The two girls talked with her, and when she was still afraid they playfully threw a ball to her. Grace grabbed it, and in five minutes she was thoroughly in-

volved in the game. The worker waited for a few minutes and then asked Grace whether it was all right to leave. Grace smilingly said that she certainly could. After this, Grace became an active member of the Y.W.C.A. Obviously, not every referral is done the same way, but the incident shows that referral must be done skillfully and must be determined by the child's need.

We are sure that the field of social group work has definite contributions to make to the psychiatric field and, on the other hand, can learn from it. Social group work can give to the psychiatric field an understanding of the social process, such as, for instance, the influence that group life has on the individual, the way in which conflict and solution help the growth of a person, and an understanding of handling group life. Good therapy is frequently done without this knowledge, but we are convinced that possession of this knowledge develops more skillful methods of handling people in a group.

The psychiatric field will give to social group work specialization a deeper knowledge of the dynamics of human behavior and the knowledge of illness in the emotional area. In what settings can this specialization be practiced? We know that it is not yet widely used in spite of the great need for it. The value of recreational activities, of occupational therapy, and of music in the treatment of neurotic and psychotic patients is known. The psychiatric group worker with his professional knowledge can make a great contribution in unifying those services and working with the experts for the greatest benefit of the patient. We hope too that psychiatric group work will become more and more an integral part of the program in child guidance centers.

Aside from the traditional settings for psychiatric work, psychiatric social group work can be used in other fields. There is great need in detention homes and institutions for recreation led by a group worker who possesses psychiatric knowledge and diagnostic ability. Help could be given to the judge and to the caseworker in planning for a youngster if a professional worker could make his observations during the child's recreational hours. The detention period could thus be made more constructive. Some studies have pointed out clearly the need for specialized social group work to be done with asocial gangs. The psychiatric group worker could either work directly, or could become a consultant to group workers working with such gangs or individuals.

How will we train people for psychiatric group work? The worker, we repeat, needs an understanding of human behavior, an understanding of the group process, and knowledge of how to use program and skills according to individual needs. In Pittsburgh we have started such training. At the School of Applied Social Sciences at the University of Pittsburgh social work is taught as generic social work. Students majoring in casework and in social group work take basic courses together. The student who specializes in psychiatric group work is placed, for his first year of field work, in an informal recreational agency; in his second year he does his field work at the Pittsburgh Child Guidance Center. Field instruction is given with special emphasis on psychiatric group work, and the student participates in the whole agency program, including clinical staff meetings. A course in psychiatry is taken at the School. This kind of training equals the training of the psychiatric caseworker in relation to general casework training.

We have seen how the dealings of emotionally distorted people have thrown the world into disastrous confusion and how one of the basic enemies of human nature, fear, allowed them to do the job. We want to prevent or help to overcome such distortions. We want to learn how to overcome fear, which leads to prejudice and makes constructive work in society impossible. When we see a frightened child take his place among others with ease, or a child full of prejudices become the friend of a youngster from a group which he thought dangerous or inferior, when a child's basic insecurity and his many fears are overcome, we recognize the necessity and value of this work.

GROUP PSYCHOTHERAPY

By Norman Q. Brill, M.D.

WHEN OUR MOBILIZATION FOR THE SECOND WORLD WAR began, it was hoped and expected that if all those who were unstable, psychoneurotic, psychotic, or mentally defective were excluded at the outset, neuropsychiatric casualties would be kept to a minimum. However, before long we knew that this would not be the case. From the start, large numbers of soldiers were admitted to hospitals from training camps because of neuropsychiatric disorders which became apparent after only brief service, and this load was later dwarfed by the number of cases which developed overseas.

The number of hospital admissions for neuropsychiatric disorders approximated one million during the war. This does not include the many thousands of out-patients in hospitals and mental hygiene clinics. In the spring of 1945 Army hospitals reached the peak case load of 550,000. Approximately 10 percent, or 55,000, were on the neuropsychiatric wards. A large proportion of the remaining 90 percent had neuropsychiatric components to their illnesses or injuries which required expert attention.

It was readily apparent that it was impossible to give adequate individual psychotherapy to all those who required it. Increasingly the psychiatric literature treated the advantages of group psychotherapy. Encouraging results were reported following its use with American merchant seamen,¹ and with groups of British soldiers. Psychiatrists in some Army hospitals experimented with group treatment. Lieutenant Colonel Samuel Paster, at Kennedy General Hospital in Memphis, Tennessee, started with groups of soldiers who had been hospitalized for psychoneurotic disorders. Meetings were held two or three times a week, and the men were encouraged to tell their stories in front of the group. The symptoms of each patient were discussed, and their functional nature was emphasized. The war and its aims were taken up, and mental mechanisms were explained.

¹ S. Sherman, "A System of Combined Individual and Group Therapy as Used in the Medical Program for Merchant Seamen," *American Journal of Psychiatry*, C (July, 1943), 127.

Major Jules Coleman conducted group sessions at Lawson General Hospital in Atlanta, Georgia. Talks were given on ward and hospital rules and available activities, on nervousness and its causes and manifestations, emphasizing situational factors, and on disposition, veterans' care, and civilian jobs. At the Camp Callan Station Hospital, Major Donald A. Shaskan successfully utilized group therapy as a means of redirecting the deep hostilities of neurotic patients into useful channels within the framework of the Army.

Some of the most gratifying results were obtained at the Fort Knox Rehabilitation Center where group therapy was included in the daily schedule of activities for the men who had been convicted by general courts-martial. So far as could be determined this work was begun by Major Alexander Wolf and developed and modified by Lieutenant Lloyd McCorkle and his assistants and by Captain Joseph Abrahams.

It was recognized in the Neuropsychiatry Division of the office of the Surgeon General that psychiatric patients would have to be treated in groups. In planning the convalescent hospitals which later were to treat the majority of the soldiers who were returned from overseas because of psychoneurotic disorders, provision was made for group treatment.² This was done as much out of necessity as out of the conviction that group treatment had advantages over individual treatment. It was almost a matter of group treatment, or no treatment. To assist the psychiatrists who were unfamiliar with the technique, elementary instructions and some explanation of principles involved were published.³ Increasing use was made of the group technique, and by the end of the war it was employed in practically every hospital where psychiatric patients were treated in large numbers.

Identical techniques were probably not used in any two places. In one hospital, group therapy consisted of a series of talks on the nature of functional disorders with some time devoted to questions. In another, a combination of lectures and free discussions was used; and in still another, the entire time and the responsibility were turned over to the patients with the therapist playing the minor role of mediator and adviser. Some therapists stimulated discussion by calling on specific patients for comments and histories, lecturing, advising, or exhorting. Some, remaining passive and completely permissive, turned all inquiries and problems back to the group.

² United States War Department Technical Medical Bulletin No. 80.

³ United States War Department Technical Medical Bulletin No. 103.

In the Army it was possible to make extensive use of the services of clinical psychologists and psychiatric social workers in group therapy. They assisted the psychiatrists in obtaining histories, in selecting patients, and often in conducting the group. Usually the first several sessions were devoted to having the patients recount the histories of their illnesses. The therapist would then point out the functional nature of their symptoms and attempt to demonstrate the relationship between the nervous system and the various parts of the body. In cases of combat origin, the importance of situational factors was stressed. Such topics as the nature and role of the unconscious, the instinct of self-preservation, the effect of fatigue, conditioned reflexes, and the development of defenses against anxiety were discussed. Later, problems related to defective attitudes and return to duty or to civilian life were discussed.

Patients with pre-existing psychoneuroses presented more difficult problems than those whose neuroses were incurred in combat. More attention had to be devoted to their early past history and to the mechanisms involved in symptom formation and neurotic reactions. It was often possible to point out the repetitive nature of the symptoms and the immature and unrealistic method in which distressing situations were met. Some therapists succeeded in getting patients to uncover unconscious conflicts in the group sessions and to develop true insight into the cause of their difficulties by utilizing free association and dream analysis.

One of the earliest applications of group psychotherapy was with general prisoners in the Rehabilitation Center at Fort Knox. The objective was to give the men insight into the causes of their misbehavior and to encourage them to act consistently in a socially acceptable fashion. The results with the prisoners, many of whom had severe disorders of personality and behavior, were excellent. Of no small importance, however, was the fact that many of the men were strongly motivated to cooperate since in doing so they had a chance to have their dishonorable discharges remitted and to be restored to duty.

Group treatment of psychiatric casualties was utilized in combat by some division psychiatrists at the clearing stations. Frank discussions of the etiological factors were held, and the nature of the disorders was pointed out. It was learned that positive motivation could be stimulated much more easily when dealing with groups than when dealing with individuals. Group psychotherapy was also used in the

"exhaustion centers" and convalescent hospitals which were set up in areas further to the rear.

An interesting application of group psychotherapy was made in the mental hygiene clinic at Camp Wheeler, Georgia. Neurotic and adjustment problems were encountered in an increasing number of men who, following their return from overseas, were assigned to the training center as part of the cadre to train new recruits. They found it difficult to tolerate the formal discipline and resented having to accept instruction from officers who, they felt, had less experience than they. Group treatment was started as an expedient, but its advantages were soon apparent.

It is unfortunate that no carefully controlled study has compared the results of individual and group therapy. Nor are there any comprehensive reports which evaluate the efficacy of group psychotherapy. Furthermore, the techniques vary so much, and the personalities of the therapists are so different, that even if statistics were available they would be difficult to interpret. The results of group psychotherapy as it was used in the Army can be evaluated only in terms of the subjective impressions of the men who used it and by the relatively few detailed reports dealing with small groups of patients which were submitted to the Surgeon General's office. There is, however, an almost unanimous opinion, among those who have worked with groups, that group therapy is effective. Many enthusiastic workers insist that group therapy has decided advantages over individual therapy, even apart from the economy of time. At one hospital where rough comparisons of different techniques were made, no significant difference in results was seen.

Careful follow-up studies were not possible in the Army for many reasons. One factor was that the hospital was not dealing with the simple situation of a sick patient seeking treatment. The fact that a man was returned to duty was no indication of his being well; it merely meant that he was believed well enough for duty. On the other hand, when getting well carried with it the secondary gain of discharge from the Army, as it did in many hospitals in this country, a motivating force such as is not ordinarily present in a psychotherapeutic situation had to be considered. Then, there were the difficulties of trying to trace a man after hospital discharge and of getting a reliable and objective report on his condition.

While the dynamics of group treatment are not known, it seems

clear that certain therapeutic forces are operative. The phenomena of group loyalty and group identification were universally observed. Upon the insistence of the group, patients were more apt to regard their behavior objectively than if they were acting upon the suggestion of a psychiatrist in a private interview. Individuals who were concerned solely with their own problems were obliged to consider the group and its problems because of the loyalty and fairness which the group demanded. Some patients were able to express themselves more easily in a group setting, and an occasional therapist felt that some repressed material was verbalized with less difficulty.

It has been postulated that the group represents symbolically a family of siblings held together by a common therapeutic need under the guidance of a nonhostile, understanding parent. Some therapists have observed patients striving to compete with one another for praise and approval, acting out unsolved conflicts of their childhood. In general, as a result of encouragement by the presence of the group, patients were able to express their hostile aggressive feelings toward the Army and toward officers much more easily than would have been possible in individual interviews. This was extremely important since resentment played an important role in so many cases. Individual patients accepted the group solution to this problem much more quickly than they would have an individual solution from the psychiatrist, who as an officer was representative of the very thing from which they were trying to get away.

In addition, personal problems were minimized and seen in broad perspective. Guilt feelings concerning failure and incapacity without visible organic disease to justify such failures were partially relieved by the recognition that others had similar disorders. Any insight which was gained by one patient was to a degree available to the entire group. Airing of symptoms helped to demonstrate the universality of individual problems and to relieve feelings of isolation. The need to solve the problem was stimulated by reason of the individual's inability to conceal the problem from society any longer. A patient's attitude toward his experiences may be greatly influenced when he observes that the group reaction to it is different from his own, and for certain individuals whose difficulties arise from egocentricity and self-indulgence, their obligations to society and the need for change can be better emphasized by the group.

Most of the men who conducted group psychotherapy in the Army

are of the opinion that the technique has great peacetime possibilities. Those who are skeptical about the results reported by Army psychiatrists claim that the patients coöperated because they were expected to, or because they had to as soldiers, even though attendance was not obligatory. Others maintain that patients accepted group therapy because there was no other treatment available. Unfortunately, in some places, this was true. It is feared by some that patients may get beyond the control of the therapist if they are permitted to talk without restraint; that the knowledge that others have similar disorders will make patients more resistant to treatment; and that neurotic individuals will acquire new symptoms by suggestion from other patients. These fears have little basis in reality if the group is in the care of a competent therapist.

The body of literature concerning the civilian use of group therapy is even larger than that recording military experience. The technique has been applied to psychotics, psychoneurotics, and to behavior disorders of children, and the reports are extremely encouraging. One is forced to conclude that resistance to the more widespread utilization of group therapy in civilian psychiatry is based on theoretical rather than actual considerations.

While it is true that no standardized technique has been formulated, a surprising number of psychiatrists are not familiar with the methods which have already been utilized successfully. They lack confidence to proceed with something which involves a radical departure from well-established practice. The privacy and the secrecy of the personal interview have been invaded, and the psychiatrist's mysteries have been exposed to public view. He must now be capable of handling a group, he is obliged to be more certain about any interpretations he voices, and he must be able to remain relatively passive instead of lecturing to his patients.

For the patient who can afford individual treatment, group therapy will undoubtedly not appear attractive at first glance. There will probably be a greater reluctance among civilians to discuss personal experiences, thoughts, and emotions in front of a group than was the case with soldiers. In civilian life, even a selected group will be more widely diversified than in the Army. Their problems will not be so uniform, and their environments will be different. Private patients may be expected to resist an unorthodox type of relationship with the physician. They may be more difficult to hold, especially when

they see no quick result and if they react negatively to the lack of individual attention. Mrs. Smith will probably be much more reluctant to open up in the presence of Mrs. Jones, a neighborhood acquaintance, than Private Smith would be in the presence of Private Jones.

However, because of the shortage of psychiatrists and the expense that is involved, adequate psychiatric treatment is not available to a large segment of our population. Training more psychiatrists is only a partial answer to the problem. Something must be done to reduce the cost of psychiatric treatment. So long as psychiatrists continue to see only seven or eight patients a day—and to carry these same patients for weeks, months, or even years—the problem will not be solved. While increased knowledge and experience will bring about refinements in technique which will shorten the period of psychotherapy, the ever broadening horizon of psychiatry will increase the load. During the war there was opportunity for psychiatry to recognize its potential role in training and education, in matters pertaining to personnel in selection and leadership, in industry, in penology and law, and even in government. If psychiatry is to fulfill its mission, more efficient treatment methods will have to be employed. Group psychotherapy has already proven its worth even though much remains to be done in perfecting and standardizing the technique, and in clarifying its dynamics.

The wartime progress made in the Army, the Navy, and the Public Health Service should not be lost. The team of psychiatrist, psychologist, and social worker proved especially effective in the treatment of groups of patients. We should not forget this now that the war is over, for the psychiatric emergency is not over. We are just beginning our research, and it is important that we carry on.

In the Veterans Administration the use of group psychotherapy will be encouraged in hospitals, convalescent units, and clinics, and a research project in group therapy is planned for the Mental Hygiene Clinic in the District of Columbia. However, group psychotherapy was started in civilian psychiatry, and it is to civilian psychiatry that we shall have to look for the answers. The resistances of Mrs. Smith and Mrs. Jones can be overcome. It was not too long ago that they were reluctant to seek psychiatric aid under any circumstances. If the resistances of the psychiatrists can be overcome, we may find in group therapy one answer to the greatest medical problem of our time.

THE TEEN-AGE CANTEEN AND SOCIAL GROUP WORK

By George B. Corwin

NO ONE KNOWS the exact number of teen-canteens, youth centers, or "teen-towns" that were organized in the war years. The Division of Recreation of the Federal Security Agency's Office of Community War Services estimated that in the spring of 1945 at least three thousand were in existence.

While the patterns of these canteens varied somewhat, they all had certain common elements. They were primarily mass social-recreational programs organized to some degree; they were administered mainly by groups of young people with the counsel and support of adults; they were usually housed in separate facilities set apart for that purpose. To be sure, community agencies had desired to serve young people before the war, but it was a new pattern that developed with mushroom-like growth to which thousands of teen-agers responded. It was truly a wartime phenomenon.

At least three phases may be noted in the development of the movement:

1. The rapid spread of the movement from community to community was amazing. Many reasons are given for this. For one thing, the already existing teen-age services were not altogether adequate; young people wanted a place where they could meet their friends without rigid adult supervision. They wanted to escape from the regimentation of adult-planned lives; boys and girls wanted to be together; adults, suddenly aware of the teen-agers in their community, became fearful that delinquency would rise; young people wanted to take part in the community's war-inspired activities; they saw what a swell time their older brothers and sisters were having in servicemen's centers, and they said "that's for us."

2. Observing the phenomenal growth of centers, many groups and agencies, both locally and nationally, wished to help by pointing out sound principles of operation and developing manuals and program guides. Outstanding in this phase of the canteen movement were the

Federal Security Administration Office of Community War Services, the National Recreation Association, the Associated Youth Serving Organizations, state youth councils, and several commercial soft-drink manufacturers.

3. As the war drew to a close, many groups attempted to evaluate the canteens in order to discover what made them "click," what out of this wartime development could be conserved, and what might be learned that would strengthen a continuing work with teen-agers. It is interesting to note that so far as we know, no one made during the height of the development any really intensive analysis of this wartime social phenomenon in terms of its root causes, its influence on young people, and its effect on social group work concepts and practice. There have been only surveys of practices in reasonably large numbers of samplings, with subjective interpretations of these findings by competent psychologists, sociologists, and group workers.

The ablest of these surveys are: "Youth Centers," a survey of 303 centers in thirty-four states conducted in 1945 by the Division of Recreation of the Office of Community War Services, FSA; "A Nationwide Survey of Teen Centers," a survey of 178 centers in thirty states conducted by Louise D. Yuill for the National Recreation Association; and "Teen-Age Centers," a review by Bernice Bridges, for the National Conference of Social Work, 1945, of center reports gathered by A.Y.S.O. member agencies.

In addition, numerous consultations of leading youth workers have been reported, including an all-day meeting sponsored by the A.Y.S.O. and attended by representatives from national youth serving agencies, the United States Office of Education, the United States Children's Bureau, the National Recreation Association, the New York State Department of Education, and local youth councils and centers.

From a study of this mass of recorded experience there arises the conviction that this phenomenon has been an actual mass demonstration of the validity of certain principles of work with teen-age youth, principles that had been previously set forth by psychologists, sociologists, and others. These principles, tested by adolescent interest and support, become the major contributions that teen-age canteens in civilian agencies have made to social group work practice. Seven such principles seem to be of primary importance:

1. *Teen-age young people are able and willing to assume responsi-*

bility for planning and operating projects which are important to them.—For many young people the centers provided for the first time the opportunity to manage an enterprise that adults did not say was “good for them,” but that the young people themselves believed to be essential. The centers further demonstrated that young people are capable of handling some of the more difficult problems of administration, such as making rules and regulations, responsibly handling funds, and maintaining property. We shall need to continue to provide outlets for this desire and ability of teen-agers and to open the way in realistic fashion for them to participate in agency planning and policy-making and in community planning. For many agencies this will mean an important change in attitude and a willingness to examine and remove the organizational blocks that have stood in the way.

2. *Teen-age young people, although able and willing to assume major responsibility for their enterprises, have seen the need for wise, sympathetic adult counsel and support.*—The Yuill study reported that 88 percent of the centers that replied to the survey had some sort of adult guidance. Another survey noted that those centers which have survived have had the backing of intelligent and stable sponsors. While it has been demonstrated that adults have a role to play in service with youth, emphasis should be placed on service with youth and not for youth. Here is a reversal of the old adage—now adults should be “seen and not heard.” As one teen-ager put it, “adults are needed, but needed in the background.”

The centers have also pointed up the possibilities of young people and adults working together to break down the barriers between the generations and together attacking the problems that face our agencies and our communities. Mrs. Yuill comments: “If youth is to assume responsibility and act maturely in community affairs, it makes a legitimate demand to be given opportunities to participate with adults in community planning.”

3. *Teen-agers want to have at their disposal facilities which they can claim as their own.*—The centers have demonstrated the need for well-managed, friendly facilities with space sufficient for dancing, refreshments, action games like ping-pong as well as quiet table games and equipped with comfortable furniture for just “settin’.” Allowing young people to decorate and furnish their own centers has proven essential and has increased their sense of ownership. The centers that have been most successful have been conveniently located near the

main lines of travel for young people and, very often, in agency buildings. This latter fact has made possible supervision and stability. The desire of teen-agers for the exclusive use of their facilities will make it necessary for the agencies to reconsider the problem of multiple use of space and to rearrange their space and their schedules to provide some place that young people can call "home base."

4. *Programing for teen-agers should be diversified and expanding, an expression of the interests of the young people themselves.*—

The centers began merely as places where young people hung out, ate, and danced, but experience has shown that so narrow a program is not enough. The surveys reported a great diversity of program activities growing out of this initial phase, activities that enabled all types of young people to express their interests and talents. Miss Bridges in her survey refers to hanging-out, eating, and dancing as "vestibule activities" that have enabled those young people who fear adult control and who are not ready for highly organized activities to find an answer to their need for belonging. But the evidence is clear that under the skillful and creative guidance of adults these same young people will respond to new outlets.

The purpose of sound programing is not merely to amuse and entertain, and occupy the time of the participants, but also to lead to their enrichment and growth. The canteens have done that for young people. They have provided boys and girls with opportunities to work together, to learn the skills of management, to develop work habits, to learn about art and music, radio and newspaper production, to explore new hobby interests, to discuss their problems, and to perform services in the larger community.

5. *Adequate leadership training, both for young people and for adults, is essential.*—Through canteen councils and committees hundreds of young people have learned the skills of leadership. The FSA survey points out that the centers provided a "laboratory period for teen-agers to exercise their leadership . . . a training period to develop, promote, supervise, finance and administer programs suited to their own needs." The unfortunate fact is that this training period has been available to relatively few young people at the canteen, namely, those who are drawn into the actual operation and management.

The canteens have demonstrated anew the need for qualified, trained adult leadership—adults who can be relied upon when needed for stimulation, encouragement, and help, adults who can remain in

the background, who are willing to let young people take the initiative, and make mistakes, and take the consequences.

6. *Interagency and community planning and coöperation are both essential and possible.*—The centers grew out of a new awareness on the part of community leaders and young people alike of the need for more adequate leisure-time activity and recreation for teen-agers. Many centers demonstrated by their coöperative sponsorship that it was possible for all types of agency to work together to meet that need. They also demonstrated to young people the possibilities of working together democratically in order to achieve their goals.

7. *Programs must always be examined in terms of the needs of individuals.*—The psychologists who have watched the center development have pointed out frequently that the canteens provided a sense of belonging, of being needed, of being important, to thousands of young people in a period when families were otherwise occupied. They gave teen-agers an opportunity for social contact, yet with a degree of anonymity and freedom of supervision, where adults would not kick them out, where they were accepted just as they were. On the other hand, not all young people in the community participated in the centers, either because they were not "joiners," or because they were nonconformists, or because they were too busy with other approved activities. The centers have again demonstrated that in any programing we must keep an eye on Bill, Mary, Tony, and Hilda and their individual differences and that we must not insist that they fit into some preconceived adult pattern.

These, then, are some of the important lessons we have learned from the phenomenal development of the youth canteen program. How well we have learned those lessons can best be seen five years from now. We shall continue to have adolescents in our communities. They face a period of serious adjustment, of not being especially wanted, of being crowded back into the status of children in an adult-dominated society. If we are to help them find themselves in this confused world we will need to give them increasing opportunities to participate realistically in managing their own and the community's affairs, to provide them with facilities they can call their own and opportunities to develop diversified and expanding interests, to train wise and sympathetic adults who, seeing adolescents as individuals, are prepared to free their energies and who can rally the community more adequately to serve the young people.

THE ADMINISTRATIVE PROCESS IN SOCIAL WORK

By Arlien Johnson

PROBLEMS OF ADMINISTRATION are as old as social work. Indeed, the National Conference of Social Work owes its origin to the problems of institutional administration which beset the state boards of charities when they were organized in the last quarter of the nineteenth century. When the representatives of nine states met in New York on May 20, 1874, the first committee appointed was that on uniformity of statistics, a subject on which committees are still meeting.

Social work has grown enormously in volume and in size of operation during the past fifteen years. The number of positions is estimated to have tripled in this period. The expenditures of voluntary agencies rank philanthropy among the ten top "industries" of the country; and the expenditures of public welfare agencies usually comprise roughly one third of a state's total outgo of funds. It is important that such expenditures be used for the maximum benefit of those for whom they are intended. But the suddenness with which agencies have been required to expand to give the services necessitated by a nation-wide depression and a world-wide war could not but result in confusion and a certain amount of waste. A thoughtful and experienced student of public administration has made this pertinent comment:

The defense effort . . . cannot be administered with high success except by a process of very intricate coördination; yet that intricate coördination is not possible in new agencies, it isn't possible in the hands of people newly brought into government. That process of coördination and integration is not one that can be readily described, but must be in considerable degree something that grows.¹

In this postwar period social services continue to expand. Some agencies, like the Veterans Administration, must rapidly take on new functions at the expense of smooth coördination of efforts. Other

¹ Paul H. Appleby, "Organization for Overhead Management," *Public Administration Review*, Winter, 1942, p. 64.

agencies, such as those engaged in the administration of the social security programs, are becoming stabilized. Voluntary agencies are showing increasing concern about the management of their services. It is time to give attention to the art and science of administration as a part of social work. We should be able in doing this to profit from some of the findings of business and public administration and to avoid the worst of those "composite institutional manifestations which tend toward inflexibility and depersonalization" known as "bureaucracy." At the same time, social work has developed methods of working with people, from which it can make a very real contribution to the science of administration.

Definitions of administration abound. The Commission of Inquiry on Public Service Personnel reported that "it has become evident in private business and in public business, that all complicated human organizations require correlation, planning and the central direction, arrangement, and delegation of work. The sum of these is administration." Marshall E. Dimock, in an essay on the "Meaning and Scope of Public Administration,"² concludes that "public administration is what the successful co-ordinator does in getting a job done," and "public administration may be said to be a synthesis." He points out that "in the administration of every recognizable association there are the common factors of organization, personnel, leadership, and finance."

A more dynamic statement is found in a publication of the National Board of the Young Women's Christian Association, where administration is defined "as the process or means by which the aims of an organization are determined, plans are made for achieving those aims and the plans are carried out. Administrative skill lies in the successful steering of that *process as a whole* or of that part of it which falls to one's responsibility."³ An elaboration of this point of view is expressed by Harleigh B. Trecker in his book *The Group Process in Administration*. He concludes:

We thus see administration as a creative process in thinking, planning and action inextricably bound up with the whole agency. We see it as a process of working with people to set goals, to build organizational relationships,

² *Frontiers of Public Administration* (Chicago: University of Chicago Press, 1936).

³ Helen D. Beavers, *Administration in the Y.W.C.A.* (New York: Womans Press, 1944), p. 6.

to distribute responsibility, to conduct programs, and to evaluate accomplishments. The real focus of administration is relationships with and between people.⁴

From the statements of students of public administration and social work administration, it seems to me that two interrelated aspects of activity emerge. They might be described as structure and function. One is useless without the other, and each affects what the other may become. Whereas students of public administration have given more attention to structure, perhaps, than to function, social workers have erred in the other direction, often not clearly understanding the possibilities of choice in organizational forms and procedures. My own conclusion is that administration is a process and method by which objectives of a program are transformed into reality through a structure and a mode of operation that make possible the coordinated and unified work of people in the movement toward the defined objectives. Administration, therefore, is a continuous and continuing activity whose solution of one problem introduces new elements so that fresh problems can be solved. In other words, it is a *process*, dynamic, changing, and the structure through which the activity flows must at the same time be flexible and adaptable.

If we examine the implications of this definition of administration we find that what goes on falls into several natural factors, each dependent upon the other. They may be stated in sequence:

Any agency or form of organized association exists for a purpose. The achievement of this purpose requires a plan by means of which the purpose can be most effectively realized. A plan calls for foresight or prognostication in two directions: the program of work or service, and the program of finance. They are inextricably related. Too often finance is thought of as the business of accountants. Actually, finance is a part of planning, and the budget is the forecasting of one of the means by which the services can be rendered.

Tools in planning are research, statistics, monthly and annual reports—all those data that give a sound basis of judgment for looking ahead. The accountant is the staff specialist who assists in the compilation and interpretation of the financial data.

A body of persons known as the personnel contributes to and car-

⁴ Harleigh B. Trecker, *The Group Process in Administration* (New York: Womans Press, 1946), p. 14.

ries into action the plan agreed upon. In general, they will be composed of subject matter specialists and "housekeeping" specialists; that is, the nature of the program determines whether social workers, lawyers, physicians, or others are needed to render to the clientele the service for which the agency exists. Regardless of the nature of the program, clerks, stenographers, statisticians, and others will be needed to carry on activities that are common to all parts of the program. An essential member of the personnel is a central person whose job is helping the members of the staff to relate their activities to one another so that the parts will function as a whole. He is variously entitled executive, administrator, manager, director, leader, expeditor.

A form of organization appropriate to the program is developed, the purpose of which is to give an orderly structure through which the staff can work. Public administration provides a rich body of knowledge on this subject. Good organization results in clarification of the powers and duties of the staff, sets limits of responsibility, and facilitates communication horizontally as well as vertically between units of the organization. It also gives form, meaning, and limits to the activities of such sponsoring bodies as boards, advisory committees, and other constituent parts of the total organization. And finally, it gives recognition to the claims of the clientele upon the program, at the same time providing for communication between it and the agency.

There is, finally, the extra-agency relationships or community relations, which are also a part of administration. Although every agency has a specific clientele for which it develops a program, it is also a part of a much larger pattern of community services. It must, therefore, constantly evaluate its activities, first, with respect to its effectiveness in serving its immediate clientele, and secondly with respect to its place in the larger plan of community services. Upon this basis it then interprets its own activities and coöperates with other agencies in achieving satisfactory community coverage.

We might summarize our attempt to analyze administration by saying that it is a process (the interaction or reciprocal relations of people in communication with one another in a defined situation); and it is a method (the purposive use of skills and techniques that are based on a body of knowledge and principles). The process is moving, dynamic. The method has special characteristics that depend

in part on personal qualifications but mostly on knowledge, principles, and skills that are learned through education and practice or doing.

While the principles and practices of administration are, in general, the same in business, in the conduct of public affairs, and in social welfare, their application in social work presents special problems. One of these is the persistence of traditional attitudes. The taxpayer and the voluntary contributor have a great fear that their money will be spent for "overhead" expenses and "red tape." They understand that money spent for relief reaches the person in need, but they have to be convinced that money spent for competent personnel may be used for services that prevent the need for relief. Gradually, however, we are beginning to demonstrate and to gain public confidence in the economy of expenditures for good planning, staffing, and evaluating in order to give people a constructive service. Another traditional attitude that has hampered administration in social work has been the preference for men, regardless of qualifications, for administrative positions. The choice of an executive should be based on qualifications, not on sex alone.

Social workers have sometimes been guilty of resisting standardized procedures in administration, and thus they have delayed progress. Possibly the importance of individualization, a primary principle of casework, has been misconstrued when applied in administration. It is applicable in administration, but the unit individualized is not always a person; often it is a form of organization in relation to a function to be performed.

A final difficulty is that of measurement. A social agency does not have a profit motive that can be translated into units of tangible goods for the market. Its activities are essentially coöperative rather than competitive. It has difficulty in objectifying the success of its program of service, since, for the most part, success consists of intangible factors in human relationships which enable persons served to enjoy in greater degree "personally satisfying and socially useful" lives. The skills of professional personnel which make this result possible are not easily interpreted in understandable terms.

But in spite of these difficulties social work has much to learn about administration and, at the same time, has much to contribute to it. The contribution which social work can make derives from the skills in human relationships which are its chief content as a profession.

The weakness in social work administration would seem to result from the lack of certain knowledge and principles that underlie organization. It becomes apparent in proportion to the size of the operation. In a relatively small agency, interpersonal relationships are direct, and division of responsibility is readily agreed upon. But the larger the agency the greater the danger of depersonalization and inflexibility, and the more important becomes a hierarchical arrangement of functions and persons. The Veterans Administration, the Social Security Board, the American National Red Cross, and state public welfare departments are examples of agencies that are large-scale in operation. One of their problems is to find the administrative staff which can effectuate their programs.

What kind of knowledge then, do we need to improve our competence in administration? I believe, first, that we have something to learn from political science and public administration. Politics as a phenomenon should be understood. The operation of executive, legislative, and judicial functions and their interrelationships is germane when agencies are entrusted with rule-making power and the hearing of appeals. The strengths and the limitations of law and of legal procedures must be understood in their ramifications when so many millions of dollars of public funds are being spent for social services. With that knowledge should come respect for, but not subservience to, the law. The range of form and principles of organization needs to be known in relation to the purpose to be accomplished. These include integration, the balance between centralization and decentralization, the types of administrative control and their uses, and the relative place of staff and line activities in the division of responsibilities. Some knowledge of public finance and budgeting procedures seems indispensable. Such knowledge creates respect for, and understanding of, the work of specialists within the organization.

But there are also other kinds of knowledge which are required in administration. Research, including statistics, is a tool of first importance. Its use is well described by H. S. Person in an article on planning in administration. With planning used in its broadest sense to encompass almost the total activity of the agency, he states:

The term research used in connection with planning means primarily purposeful, *ad hoc* research . . . stimulated by a succession of specific problems arising out of the constant impact of variables on the situations being managed. . . . Planning expresses no preference for a particular mode of research. It is concerned with variables; its problems vary, and

therefore the modes of research vary. Planning employs as required every known mode of investigation. It draws on the techniques of all the sciences. The specific problems and the time factor determine the type of research employed at a particular moment. . . . Planning . . . strives to employ in any instance the most pertinent and satisfying modes of research, but is governed by the time factors of its dynamic environment. Whether an investigation is scientific is, after all, determined by the investigator's mental attitude and intent under the limiting circumstances, rather than by the array of facilities and procedures.⁵

The significance of this statement seems to me to lie in its emphasis upon the cultivation of the research habit of mind as well as upon the importance of familiarity with the range of research techniques.

Administration inevitably involves knowledge of personnel classification and compensation scales, examining process for the selection of personnel, methods of evaluation of performance, and standards of personnel practices. Some knowledge of management procedures as they relate to supplies, equipment, and plant is desirable, although this can probably be acquired on the job.

So much for some of the kinds of knowledge that social workers need to have if they are to become proficient in administration. But knowledge alone does not make an administrator. The problem is well set forth in an article that complains of the dearth of "general, all-around, well-trained administrators" in the Federal service:

Just teaching the potential administrator abstract principles of public administration will not guarantee the development of a good administrator. Burying him in numerous, ever present federal procedures won't do the trick. Sidetracking him in a busy operating job of a segment of an enormous program is not likely of itself to produce the desired result. Steeping him in the subject-matter, research side of a program may even dull whatever understanding of administration he initially had. Placing and leaving him too long among the apex generalities of the triangle, without any real contact with or understanding of what goes on down below, may permanently mar his ego and his future effectiveness. Even training him and utilizing his abilities in administrative analysis, which requires a genuine and acute understanding of administration, gives him a vicarious administrative experience—merely diagnosing what others are doing, never having the responsibility and difficulties of actually administering and carrying through to the end—through which he does not learn to understand the operating side.⁶

⁵ H. S. Person, "Research and Planning as Functions of Administration and Management," *Public Administration Review*, Autumn, 1940, pp. 65-66.

⁶ Rowena Bellows Rommel, "The Making of Administrators," *Public Administration Review*, Spring, 1942, p. 115.

The component in administration that is supplementary and complementary to knowledge is skill in human relationships. As Mr. Trecker puts it, "The real focus of administration is relationships with and between people." My thesis is that administration must include both human relationships and mechanical structure for maximum results; and both must be relative to a purpose or a defined situation. I believe that social work has much to offer in vitalizing administration if it makes application of principles and skills already accepted as basic in work with individuals (casework), groups (group work), and communities (intergroup work or community organization work). I shall mention only a few of the concepts that seem to me especially relevant.

One of these concepts is that of totality. The caseworker has long stressed the importance of seeing the client as a whole person; the group worker emphasizes the subordination of individual accomplishments to group accomplishments. Applied to administration this concept means that the function and operation of the agency as a whole must always be kept in view. Undeserved promotion of one individual over another, or the development of one department at the expense of another, is not possible if the whole agency is the primary center of interest.

Alongside this concept is that of individualization, or the ability to appreciate the differences between individuals, groups, and communities and to work with them differentially. This approach supplements that of seeing the total situation in that it provides an understanding of the dynamics within it. In an organization it is the capacity of the individuals, and of the individuals functioning in groups as departments, that determines what can be expected of them. They must, therefore, be understood separately before they can be integrated into the whole.

Following closely is the principle of growth that is relative to the potentialities inherent in the individual, group, or community. In social work we have learned how to evoke positive response and to initiate change in such a way that it is best suited to the material with which we are working. In administration the aim is to find how to release the capacities of individuals and groups so that they find satisfaction in working for the purposes of the agency as a whole. This implies that each person or group has a clear understanding of his or

their function and is entrusted with authority suitable to that capacity and function.

Social work has long declared the importance of the democratic participation of all concerned when objectives are to be determined and decisions are to be made. Although we maintain that in individual problems (casework), "the essential power for solving a dilemma lies within the person seeking help"; and although we believe that group activity should develop out of the expressed needs and interests of the group, we have not always been able to apply these precepts in administration. Yet the idea is definitely applicable. In her brilliant essay on "The Illusion of Final Authority," Mary Parker Follett long ago expounded this principle as applied to administration. She notes that authority can never be "delegated" because authority resides in function, and with it goes responsibility. The chief executive's function is the gathering up of many authorities found in different parts of the organization. She calls this "cumulative responsibility." Coördination occurs through the direct contact of the responsible people concerned, and to be effective it must be continuous. Thus policy-forming and policy-adjusting proceed simultaneously, not only vertically, but also horizontally through cross-relations between heads of departments, before they separately have completed policies which must be defended. She comments that "everyone talks to-day of co-operation but there is no way of making consent spell co-operation. You have to have participation before you get co-operation." Perhaps it is worth noting in passing that Miss Follett for many years gave service to a Boston settlement and in that connection first worked out the ideas of organization that she was later to apply to business.

The last point I wish to mention is the contribution that social work might make in the development of the central person or executive. The professional service which the executive has to perform is similar in many ways to the function that is common to caseworker, group worker, and community organization worker. His is essentially a helping role carried on by means of relationships which he has skill in developing between himself and others, between the various groups that make up the agency, and between all of them and the goal or purpose of the agency. Once decisions have been reached by "cumulative responsibility," the executive has the responsibility for

redissemination of tasks in order to put these decisions into action. It has been said that the executive at all times needs "bi-focal vision which enables him to see the persons for whom the agency exists and the persons working together to make the agency a reality."⁷

Important as is the role of the executive, his function is only one of the factors in effective administration. Every social worker should understand administration as a process and a method if he is to take his share of responsibility in transforming the objectives of a program into reality. The problems of administration are no longer the concern primarily of those in executive positions, as they were in 1874; they are a part of every worker's job, day by day. For the real test of administration is the way in which the service is rendered to the persons for whom the agency exists.

⁷ Trecker, *op cit.*, p. 27.

THE DYNAMICS OF LEADERSHIP

By Charles E. Hendry

ADDICTS OF THE *New Yorker* may possibly remember a "profile" devoted to Beardsley Ruml. Shortly after he resigned from his position as dean of the social sciences at the University of Chicago to become treasurer of Macy's in New York City, someone asked him, "What would you say is the chief difference between a university and a department store?" With characteristic wit and departure from the conventional Ruml replied, "I would say that the chief difference is that in business the problems are intellectual."

There is more than humor in this significant, if somewhat cryptic, observation. Somehow it recalls to mind the pioneering work done at Macy's and reported by V. V. Anderson in his *Psychiatry in Industry* and the more recent intimation that Macy's plans to adapt the phenomenally effective assessment program developed by the Office of Strategic Services during the war for use with its personnel.

Mary Parker Follett foresaw this trend. She also helped produce it. Few persons have demonstrated her prophetic sensitivity and penetrating insight in the whole realm of what she likes to refer to as "creative experience." In her collected papers, published under the highly appropriate title *Dynamic Administration*, are to be found these words spoken in 1927: "Business men are quietly, without much talk of theory, working out a system of organization which is not democratic in our old understanding of the word, but something better than that. It is a system based neither on equality nor on arbitrary authority, but on functional unity."¹

We may retain some reservations concerning the use of the term "democratic" in this connection. Chester Barnard goes even further than Mary Follett in cautioning against equating effective administration with democracy or democratic methods:

The issues involved [he insists] are much too complex and subtle to be taken into account in *any* formal scheme. Under many conditions in the political, religious and industrial fields democratic processes create artificial questions of more or less logical character, in place of the real ques-

¹ Mary Parker Follett, *Dynamic Administration* (New York: Harper, 1930), p. 249.

tions, which are matters of feeling and appropriateness and of informal organization.²

Barnard concludes with the assertion, "The point to be emphasized is that the maintenance of the contributions necessary to the endurance of an organization requires the authority of *all* essential contributors."

Obviously, what is needed is a rigorous and realistic redefinition of the democratic ideal in functional terms capable of administrative implementation. In the absence of such a redefinition, as Barnard has clearly pointed out, certain inevitable errors in administration persist: (1) "an oversimplification of the economy of organization life; (2) a disregard of the fact and of the necessity of informal organization; (3) an inversion of emphasis upon the objective and the subjective aspects of authority; and (4) a confusion of morality with responsibility."

Ordway Tead, who is also a philosopher of administration, has stuck to his guns throughout the entire discussion. In a sense he is to administration what Robert Lynd is to the social sciences. Lynd's arresting *Knowledge for What?* is paralleled by Tead's *Democratic Administration*:

The conditions of good administration,—in quality and meaning of purpose, in human attitudes, in powers of communication and opportunities for criticism, in the inwardness of leadership responsibilities entailed, in the distribution of responsibility and of knowledge,—these conditions are *democratic* conditions. We thus come to a conception of administration which is not wishful, is not a mere juggling of pleasant words, is not an impossible or idealistic claim. . . . We come to a grasp of administration which has operational validity in relation to the kind of democratic, scientific, and personal ends we have found to be worthy. We come to a conception which imposes a moral imperative upon those who administer. We come, in short, to a conception which is rightfully named democratic administration—a conception *absolutely* implicit for the fulfillment of a democratic society.³

Unquestionably, the key phrase in this compelling statement of conviction is the phrase "operational validity." Does it work? This inevitably requires that we call in the scientist. The determination of "operational validity" is a three-way responsibility. The social philos-

² Chester Barnard, *The Functions of the Executive* (Boston: Harvard University Press, 1938), p. 168.

³ Ordway Tead, *Democratic Administration* (New York: Association Press, 1945), p. 71.

opher must specify the values being sought; the social administrator must specify the procedures being employed to achieve these values; and the social scientist must specify the instruments with which to evaluate the conditions under which what procedures produce what results.

This formulation of our task, as professional leaders involved in social work administration, gets us down to bedrock. Indulgence in philosophical speculation and preoccupation with administrative innovation will get us nowhere unless we place ourselves under the discipline of an experimental social science. We are concerned, therefore, not with administrative leadership in general, which is an abstraction; nor with leadership as a particular or unique combination of traits, which is a fabrication; but with leadership as a dynamic relationship within the setting of administration.

Fortunately, a goodly amount of rewarding research has been going forward in this whole field. I shall never forget the exhilaration I experienced the first time I read Elton Mayo's *Human Problems of an Industrial Civilization*. Many of you are familiar with his report of the experiments growing out of the Fatigue Laboratory at Harvard University and the Hawthorne plant of the Western Electric Company near Chicago. Here was a deliberate, calculated, and systematic attempt to increase production. It started with the focus of attention sharply fixed upon the problem of industrial fatigue, that is, at the physiological level. Ingenious devices of many kinds were created to reduce fatigue and to measure the effects on production. After twelve years of intensive investigation the result was failure. They were unable to find a remedy for fatigue. They did, however, arrive at one important conclusion, namely, that fatigue "cannot be defined as a single entity." Fatigue, they discovered, is a function of a number of interacting and interdependent factors which, because of the nature of the living organism, cannot be isolated and dealt with singly.

This suggested that fatigue might be connected with, or due to, monotony. Accordingly, the experiments moved from the physiological to the psychological level, and again every conceivable variation was introduced to eliminate monotony. The results in output were far from decisive, but they again underscored the initial insight that the "living organism responds to changes as a totality" and in relation to the total situation.

Finally, therefore, the investigation shifted inevitably in an effort to penetrate "depths far below the superficial levels of organization." The focus was adjusted once again and pointed sharply at the problem of morale. This proved to be the crucial step, and one which gradually resulted in a radical redefinition of the problem of management in terms of group psychological dimensions, combining both psychiatric and anthropological techniques. Roethlisberger and Dickson in their *Management and the Worker* provide a picture of the situation as redefined by these historic, experimental, and clinical studies, studies which now are being extended and intensified in connection with the work of Lloyd Warner and Burleigh Gardner at the University of Chicago.

Without some such forewarning orientation, one would scarcely expect to look for much practical assistance on administrative matters from a man who is at once a psychiatrist and an anthropologist. The fact of the matter is, however, that the most penetrating, systematic, and instructive study of the dynamics of leadership in an administrative setting has come out of the experience of just such a person. I refer to Alexander Leighton's masterful analysis of the administration of the Japanese Relocation Center at Poston, Arizona, published under the title *The Governing of Men*.⁴

"The task of obtaining for the common man participation in matters affecting his own destiny is the central problem of democracy. People must have a hand in saving themselves; they cannot and will not be saved from the outside." This forceful formulation, contained in Gordon Allport's address before the annual meeting of the Society for the Psychological Study of Social Issues in 1944, suggests something of its special complication in a Japanese Relocation project. Partly because of the extreme difficulties involved, the dynamics in the situation are the more clear and revealing.

Let me dip into Leighton's document and cull a series of statements, necessarily out of context, to give an indication of the trend of his ideas:

Administrative organization functions best in relieving stress and creating opportunities for positive development when it restricts itself to making it possible for the people to work out their own solution. The itch to do too much is almost as destructive as the refusal to do anything. (Page 284)

⁴ Alexander Leighton, *The Governing of Men* (Princeton: Princeton University Press, 1946).

. . . it is well for administrators not to be too afraid of admitting they have been in error. It is more worthwhile to endeavor to have the people believe that the administration is honest than to try to convince them that it is infallible. (Page 358)

An administrative body is always part of the patterns of leadership and authority in the social organization of the community in which it operates. . . . It is like a keystone in an arch, useless if it does not articulate properly with the curved portions rising on each side. (Page 343)

Man acts in terms of what he perceives. . . . (Page 288) Do not expect people to adopt behavior or carry out programs for which they have no underlying system of belief. . . . (Page 295) Systems of belief are like lenses which magnify, reduce, distort, and color that which is perceived through them, and cause people to react very differently to the same situation. (Page 296)

Adjust administration to the people's systems of belief as well as to their stresses and needs, and do it as realistically as one would adjust an agricultural program to conditions of soil and climate. (Page 295)

One of the most neglected of the avoidable stresses is that which has to do with uncertainty and lack of information. It is very common to find that the distribution of reliable information is treated as a secondary matter in administrative operation. Proper attention to the dissemination of the right facts, to the right people at the right time can have far-reaching effects in the control of one of the most harassing of all forms of stress—doubt in the face of the need to do something. (Page 281)

Never dismiss complaints as trivial; they may be only "gripes" but they may also be clear warnings of imminent trouble. . . . Keep in mind that the strength of an administration rests largely on its ability to meet the needs of the people; that relief from the various types of stress comprises a major set of needs; and that complaints are clues to needs. (Page 262)

Beware of letting personal likes and dislikes muddy the issues when dealing with disturbed human reactions. . . . It is best to approach problems involving human reactions as one would think of other kinds of complex problems—get the facts and see what can be done about them to promote the administration's central aim. (Page 263)

Applied social science in industry has repeatedly shown that wage-incentive schemes and other plans based on a narrow assumption that man is a logical animal motivated by economic considerations, may yield poor results. Such schemes were usually based on the systems of belief of the top business executives and not on those of the workers. (Page 362)

If there is one point that is crystal clear, it is that leadership must not be confused with power or prestige or position or persuasion. Leadership must be seen, not as an individual phenomenon, but as

a group phenomenon. We are here concerned with group power, not individual power; with situational authority, not the authority of an individual; with group dynamics and group realities.

No person in our time, probably, has done more to clarify this point, nor more to push forward the frontiers of investigation and knowledge of the dynamics of group life and group leadership than Kurt Lewin. His influence has been as profound as it has been pervasive. Wherever he has applied his field theories, whether in the area of child welfare, recreation, industry, adult education, the Army, or minority group problems, the findings have carried with them an inner compulsion, a compulsion derived from the very research process itself, a process involving both social discovery and social action.

This is not the time nor the place to set forth the conceptual framework which Lewin has created as a kind of scientific scaffolding for his experiments. In a special issue of the *Journal of Educational Sociology*,⁵ devoted to a symposium on "Leadership in a Democracy," Kurt Lewin contributed a brief statement on "A Research Approach to Leadership Problems." Bavelas, French, Lippitt, and Zander, students of Lewin, each also contributed sections to the symposium. It becomes clear as one examines these related contributions why the Massachusetts Institute of Technology prevailed upon Lewin to establish his new Research Center for Group Dynamics. It becomes even clearer when one examines some of the recent publications in social science that have come out of the Industrial Relations Section of the Institute. Douglas McGregor's writings, in particular, and notably two articles, one in the *Journal of Consulting Psychology* on "Getting Effective Leadership in the Industrial Organization"⁶ and one in the *Journal of Applied Anthropology* on "Determination of Morale in an Industrial Company,"⁷ disclose a very real methodological kinship.

McGregor's analysis of the psychological dependence of the subordinate upon his superiors and its implications for leadership is of the essence of dynamic group psychology. He discusses the consequences of this dependent relationship in terms of the necessity for security and in terms of self-realization or independence. What he had to say in elaboration is confirmed in a growing body of research

⁵ March, 1944.

⁶ *Journal of Consulting Psychology*, VIII, No. 2 (1944), 55-63.

⁷ *Journal of Applied Anthropology*, Vol. 1, No. 2, 1942.

and in the experience of discerning administrators in social work, in education, and in industry alike. Three conditions of security are identified. They are neither primarily nor directly related to financial security. They have to do, rather, with social atmosphere, with time perspective, and with consistency of discipline. These are precisely the factors we found crucial in our recent studies of scoutmasters. They center not so much in what the leader does, but in the manner in which he does it, and in his underlying attitude toward those dependent upon him as members of the group. They center, in other words, in the leader's genuine psychological acceptance and approval; a warmth and a directness that dispel fear, anxiety, and suspicion. They center too, in a knowledge of his role and what is expected of him; a knowledge of all-over policy and outlook; a knowledge of the "rules of the game"; a knowledge of the leader as a person and of the leader's opinion of his performance; and advance knowledge of changes that may affect him.

When the subordinate has achieved a reasonable degree of genuine security in his relationship to his superiors, he will begin to seek ways of utilizing more fully his capacities and skills, of achieving through his own efforts a larger degree of satisfaction from his work. Given security, the subordinate seeks to develop himself. This *active* search for independence is constructive and healthy. It is collaborative and friendly, yet genuinely self-assertive.

McGregor emphasizes three important conditions of this active independence, thus defined: participation, responsibility, and the right of appeal.

It is at this point that we come to the particular relevance and contribution of the work of Kurt Lewin and his students. One of the most basic studies involved is "An Experimental Study of the Effect of Democratic and Authoritarian Group Atmospheres" reported by Ronald Lippitt in the "University of Iowa Studies in Child Welfare," February, 1940. This, together with subsequent variations, conducted in collaboration with Ralph White and others, stands out as one of the classic research productions of recent years. The findings in these important studies bear directly upon the conditions of participation and responsibility under present consideration.

Let us look briefly at some of the quantitative findings: ⁸ (1) expressions of hostility were about thirty times as high in the autocratic

⁸ *Social Frontier*, Vol. IV, July, 1938, No. 37.

groups as in the democratic group; (2) tension, reflected in the total volume of social interaction, was 55 percent greater in the autocratic group; (3) the autocratic group showed more dominative and less objective behavior, particularly in relation to out-groups where it was 102 percent greater than the democratic groups; (4) much of the aggression in the autocratic group was directed against two successive scapegoats; none of it was directed toward the autocratic leader; (5) the democratic group showed 47 percent more feeling of "we-ness" as expressed in language and test situations; the autocratic group 27 percent more feeling of "I-ness"; (6) along with this the democratic group showed coöperative endeavor; more often coöperation was offered or asked for, and there were many more occurrences of praise and expressions of friendliness; (7) there was more expression of an objective, matter-of-fact attitude in the democratic group, as against more personal feelings in the autocratic group; many more constructive suggestions were offered in democracy and there was more give-and-take of objective criticism without personal involvement; (8) the constructiveness was higher in the democratic group as shown in the superiority of the group products. In test periods when the experimenter left the room, typically, the constructiveness of work in the autocratic group fell down very quickly, whereas in the democratic situation work went on with very little change; and (9) feeling for group property and group goals was much better developed in the democratic group; the records show that the children at the close of the club had the tendency to destroy their theatrical masks or take them for themselves individually in the autocratic group, whereas in the democratic group they presented them to their leader and teacher.

These findings, and the redefinition of the problem thereby made possible, have stimulated and provided direction and momentum for a whole series of subsequent experiments. Some have been carried forward with recreation workers in the Works Progress Administration. Some have gone forward in industry. Some have been undertaken within the research program of the Boy Scouts of America, of the Committee on Food Habits of the National Research Council, and in connection with the action-research program of the Commission on Community Interrelations of the American Jewish Congress.

One central emphasis characterizes all these experiments. It is the emphasis on group decision as a method of harnessing group dynamics in the interests of social change. I will illustrate briefly by citing a re-

port of the Committee on Food Habits of the National Research Council entitled "The Problem of Changing Food Habits."

When it became reasonably certain that war was imminent, the National Research Council compiled an inventory of problems relating to the health, welfare, and security of the American people. One serious problem was that of certain food shortages, and especially meat shortages. Margaret Mead, the distinguished anthropologist, who served as the executive director for the committee, approached Kurt Lewin, who was then at the University of Iowa, and as a result he and some of his students undertook to conduct a pilot experiment centering, in part, upon the problem of getting people to use more of the less popular meats, such as kidneys, sweetbreads, and the like. Four groups of housewives were organized, with the coöperation of the American Red Cross. Measurements were made of attitudes and habits, including the actual purchasing and preparation of the food; these measurements were repeated at the end of the experiment.

Four methods were used in attempting to influence these women to change their food habits. In one group a competent home economics specialist gave a series of lectures. In a second group the discussion method was used under the direction of a skilled group worker. In a third group a combination of discussion and expert was employed, the expert being introduced when a real issue arose requiring authoritative information. In the fourth group the method of group decision was employed, that is, group discussion culminating in a decision on the part of the group as a whole, a decision involving a commitment to act.

It is a striking fact that in the face of strong patterns of resistance, and they are nowhere more stubborn than in this area of food preference, the lecture method led to action by 10 percent of the participants, whereas group decision led to action by 52 percent of the women. Still greater differences have been reported in similar experiments involving the instruction of farm mothers in the feeding of newly born infants. Bavelas and French have reported equally impressive results where they have employed group decision in factories.

In social work administration, as in industrial management, we daily face the fact of varying degrees of group morale and productivity. It becomes clearly apparent from this review of studies and experiments in patterns of group leadership that morale and produc-

tivity are a function of the interaction between the group and its leader. The obvious implication is that if we are to develop an effective work group we must develop an effective group work.

Happily for those who are interested in "permissives" as well as in directives; who are seeking to develop power with rather than power over, our employees; who try to get back of, rather than back at, persons who create difficulty; and who regard the administrative act as an educational act that, in the last analysis, must square with the laws of learning, guidance in building a democratic work group is freshly available. I refer, in particular, to an article written by Leland Bradford and Ronald Lippitt and appearing in *Personnel*, the journal of the American Management Association. It bears the title "Building a Democratic Work Group."⁹ In my considered opinion, this single article combines in operational language, the soundest and the clearest guide to administrative and supervisory leaders that I have encountered anywhere. It combines the value structure of the democratic ideal, the realism of a rigorous research orientation, and the practical step-by-step specifics that we need so much. I commend this one article as an inspiring guide to the fulfillment of the administrative function.

⁹ *Personnel*, Vol. XXII, No. 3 (November, 1945), 142-52.

THE AGENCY, THE BOARD, AND THE CONSTITUENCY

By Ralph A. Uihlein

A DEMOCRATIC COMMUNITY often expresses its recognition of social problems by setting up social agencies to deal with them. It does not, however, always express itself directly. Instead, it accepts the leadership of individuals or groups which put into specific words and actions the convictions that are felt by many. In part, these convictions are reaffirmed when the community contributes money with which to carry on the work.

When social work began, those who founded the agencies did all the work. They served the client personally; they interpreted social needs to the community; they raised the money; and they collected whatever else was needed. When incorporation seemed desirable, they became the incorporators of the agency. Their successors are the corporate members of today's agencies.

Since then, professionally trained, paid staffs have taken over much of the work. Providing the necessary financial support is, in most cases, the function of a community chest. There remain to the corporate member only such functions as fulfilling a legal requirement, electing the board members, and voting on changes in constitution and by-laws. These functions are often diluted even more when board nominations are made by a committee which is drawn entirely from within the board itself. I emphasize nomination rather than election because it is at the point of nomination that the real work and planning are done. When nominations become the exclusive function of the board, there may be very little left for the constituency to do. Therefore the question has arisen whether, if legal requirements can be met in some other way, corporate memberships should not be done away with entirely.

This leads to another question. Are there any social agencies which have no need for a group which meets some of the following tests: (1) that this group contain the influential citizen who knows something of the work of the agency, is sympathetic to it, but does not have

as much time to give as a board member would; (2) that the members of this group join in the work of the agency as volunteers or as members of a discussion group; (3) that the group contain individuals who are preparing themselves for board service; and (4) that the group serve as an intermediate body between the agency and the public at large.

Even if we accept the validity of these tests, we may still find it difficult to apply them to individuals. In the past, frequently, our corporate members were little more than names on a list which was handed down to us by our predecessors. Mr. Jones's name might be on it. At one time he had been a volunteer. Occasionally he has sent us a Christmas check—but so have many others who are not on the list. In order to avoid confusion over who is, and who is not, entitled to vote, the corporate member should, in accordance with by-law provisions, give evidence of his desire to be, or to continue as, a member. He should be elected by a brief but formal vote; if his membership lapses, his name should be removed in a similar manner.

Some agencies require their corporate members to endorse the program periodically. Others require a nominal dues payment. In both instances there is evidence upon which to keep the membership list alive.

Nominations for the board are made usually in accordance with one of three patterns. The nominating committee may be drawn from the corporate membership; from the board; or from both. Presently a fourth pattern will be pointed out. When the committee is limited to board members, there is danger that a regime of self-perpetuation will result. Offsetting this danger, however, is another one. Since corporate members today know so little about the day-to-day working of the board, selection of the board by the constituency may not prevent ingrowth any more effectively. It is my opinion that the prevention of ingrowth and self-perpetuation are not so much a question of method as of the interest and strength of character of the board and of the constituency. They can prevent both evils if they so wish. Without real convictions on the subject, however, no simple device can protect them against themselves.

There are other points of similarity between the board and the constituency. The board also needs to eliminate those who no longer are interested. Most boards have worked out the problem of tenure in one of three ways. In the first category are the boards to which

members are elected and on which they remain until the hand of death intervenes or until they move away. Rarely do they resign. Whether their services are valuable or not, these people remain on and on. Frequently, board membership is thought of as a matter of social prestige which no one has the courage to disturb. Often it is handed down within one family from generation to generation. Naturally, turnover is low, and there is a high percentage of dead wood. The rate of absenteeism is also high. The quality of work and of leadership leaves much to be desired.

In the second category are the boards which have limited tenure, varying from one to three three-year terms. This method does bring some new faces to the board each year, but it has two disadvantages. It removes board members when their term has expired regardless of whether they can continue to give valuable service. Furthermore, there is a tendency to delay the removal of dead wood until the board member automatically goes off as a result of tenure limitation. Such a delay seems unwise and unnecessary.

In the third category are a few boards which have established criteria against which their nominating committees are instructed to evaluate individual board members. Some of the criteria are for such tangibles as attendance at board and committee meetings. Others are set up for less tangible factors, such as the quality of the member's contributions, his understanding of the agency's goal and program, the degree and kind of his interest in the agency's work, or the presence, or absence, of conflicts between personal convictions and agency goals.

Preceding the setting up of such criteria it is necessary for a board to formulate its responsibilities and those of its members. We need not here go into the matter of what they should be since material on this subject is available elsewhere.¹ The development of a list of responsibilities requires the democratic participation of all board members. The board must adopt the list by formal action as a part of the agency's general policies. Subsequently, the formulation will serve as a consistent measuring rod which a nominating committee can use in evaluating prospective board members and those who are up for re-election. A statement of responsibilities will also

¹ Clarence King: *Social Agency Boards and How to Make Them Effective* (New York: Harper, 1938); Ralph A. Uihlein, "Responsibilities of Agency Boards and Their Members," *Highlights*, April, 1945.

help the individual board member in evaluating his own efforts. In addition, some boards have developed a questionnaire ² by which to appraise their efforts in the light of their responsibilities. The questionnaires shed light on the specific day-to-day ways in which the board discharges its responsibilities.

The third method is more difficult to apply than the other two, and not all agencies are ready for it. Some do not have the requisite capacity for objective judgment. It has the advantage of being flexible. While it permits board members to continue in service as long as they are making a real contribution, the elimination of dead wood does not have to await the expiration of tenure.

I have served on such a board for about ten years. During that time, the group has not flinched in carrying out its program. Many board members have eliminated themselves when the time was ripe. Board members who have been tactfully removed have borne the agency no ill will. After all, the method was of the board's own choosing, and the criteria are fair and reasonable. The new members brought onto this board of thirty-six have never numbered less than five per year. Usually there are six, and sometimes more, indicating an annual turnover rate of about 16 percent.

Whether an agency should use the first, second, or third method depends upon its degree of development, upon its capacity for self-discipline, and upon its ability to develop real leadership within itself. The second method is an advance over the first method. The third method seems even more desirable. Each agency must decide for itself which method best serves its needs. In the last analysis, the quality of the people who compose the board, rather than methods or devices, determines its strength.

How do we get good people for the board? The question is deceptive. Even if all the board members are "good," the board may still be one-sided. A board must decide for itself what attributes it seeks in board members. Armed with adequate directives, a nominating committee can then be purposeful in its work, and the board can hold it to account.

Some boards restrict the choice of new members largely to those who have served in some volunteer capacity or as members of discussion groups. These activities give the candidate much background information. They provide a testing ground where the agency and

² Ralph A. Uihlein, "Soundings for the Board," *Highlights*, January, 1946.

the prospective board member can become acquainted, and they reduce the amount of time which must otherwise be stolen from important discussions at board meetings in order to bring one or two new people up to date.

Board members and those who participate in such activities as the above usually carry most of the responsibility for recruiting new persons. Since birds of a feather flock together, we find that here too there is need to be alert to the dangers of one-sidedness. Staff members can often be helpful, since many of their contacts are different from those of the board members.

The board should reflect the important but heterogeneous points of view of the community. It should also be able to take the agency's message to those many elements. But many different kinds of person may be necessary to do the job. The common bases for differentiation are geography, age, sex, race, religion, business or profession, economic background, political affiliation, and special interest areas. Personal attributes, such as capacity for leadership, experience, or capacity for understanding agency problems may be added to the list.

A board's distribution may be studied easily through the use of a cross-tabulation. The names of the members are run across the top of a wide sheet of paper, and the bases of differentiation are listed on the side. Each board member is checked in appropriate lines. A summary of the tabulation will show quickly those areas and capacities in which the board is strong, overloaded, or weak. The choice of new members will naturally tend to strengthen weak areas and to avoid those areas in which the board is already overloaded. To achieve real distribution the nominating committee needs a board-approved plan. Without a plan, and without year-around work in carrying it out, balanced distribution is hard to attain.

With all this differentiation, however, it is important to remember that there must also be a common denominator. Two people cannot work together if deep personal convictions constantly conflict. We need differing points of view on the board, but we also need capacity for teamwork.

The many facets of the community should be represented on our boards. This raises the question as to what we mean by "represented." If by representatives we mean people who can enrich the work of the board because they are familiar with the many different points of

view and needs of the community, their contributions will be constructive. If they come with the thought that their chief responsibility is to protect in a narrow sense the group which they represent, they will not be able to play ball with their team mates. While serving as board members, their efforts should be directed to the welfare of the agency as a whole and the community it serves, rather than to that fraction of the community which they represent.

This takes us to another question. If an agency wants a good person from the law, medicine, labor, the ministry, a school-parent group, or industry, should the agency make the selection after consultation with recognized organized groups in the field? Or, should the agency make the selection in terms of its own judgment and without consultation? Or, should the agency ask the organization to make the choice? Here we have that possible fourth pattern of nomination.

If an agency wishes to interpret its point of view to such special groups, the person who is to do the job should be respected and welcomed by them. If, on the other hand, he is to present the viewpoint of the group, the agency should know that he has the backing of those for whom he speaks. Interested organizations often know their membership better than the agency does and may be in a better position to suggest potential candidates. However, the agency may know better the type of person who is needed. It may know better what kind of preparation is necessary before any board member can serve effectively. It can pass better judgment upon his effectiveness after he is on the board.

If a board member is to be removed for inefficiency, will the organization from which he was drawn understand the validity of such action? Both the organization and the agency have a real stake in the service of this board member, but they may disagree in the evaluation of his work. The success of the method will depend upon how such differences can be reconciled. The interests of both need to be protected.

There is another aspect of this problem which needs thinking through. Within any one field, such as law, medicine, labor, the ministry, or business, there often is more than one school of thought. Will the conservative faction, for example, be willing to accept as a spokesman someone who is named by the liberals? If the fourth pattern for the selection of board members is to be adopted for some community groups, what is the agency's obligation toward the others?

Effective methods are important in all areas if the board and the constituency are to do their work well. Overshadowing them in importance, however, are the attributes which individuals bring to the job: strength of character, courage, vision, interest, ability to understand social problems, ability to work well with one another and with others, and, lastly the driving convictions which furnish the motive power and enable the board member and the constituency to "do something about it."

THE VOLUNTEER GIVES—AND RECEIVES

By Gladys F. Cahn

LET US CONSIDER THE NUB of the volunteer problem. That problem today, it seems to me, is to reinterest, reinspire, reconvert the volunteer. Volunteers are needed to accomplish the manifold tasks of peace. They must, indeed, wage the peace as devotedly and as tirelessly as they helped wage the war. The volunteer needs direction toward peacetime goals. Who is to give that direction, and how is it to be given, now that we know the vast, vital force that can be engendered by interested, civic-minded, social-minded citizens? That, I think is the big problem.

What actually happened during the war? The typical agency suddenly found itself catapulted into a hundred different directions by the problems of servicemen's families. The agency could not begin to render the needed service, with its limited staff, and so, for the first time, professional social workers welcomed the help of lay volunteers.

Mrs. Volunteer had never progressed any further than her sewing circle and a few pet charities. Now she found herself working day in and day out, and every day new vistas opened to her. She learned, not only about the techniques of her job, but also about the many types of service available in her community. Moreover, it became increasingly apparent to her that there were serious needs not met by any agency or organization. But what finally startled Mrs. Volunteer out of her apathy and disinterest in community affairs was the knowledge that neither she nor her family were isolated from the total community even though they lived on the "right side of the tracks"—that the health and happiness of her own family were affected in great measure by such things as substandard housing, and the lack of proper health and recreation facilities. Then she learned to think in terms, not of her own family, but of all people—to interest herself actively in general community problems. She found that, in the final analysis, her greatest contribution lay, not in carrying her small agency job, but in a wise use of her right to the franchise and in working for vital social legislation.

The volunteer can no longer be stereotyped, for in the past few years volunteers have come from the ranks of labor, business, and the professions, as well as from the leisure-class group. Volunteers are just people—citizens who enter into any kind of service of their own free will and work without remuneration.

If we broaden our concept of the term and think of the volunteer as a citizen, we are forced to consider what he gives and what he receives in terms of broad social values that can come out of participation, values that are basic to the strength, the health, perhaps the very existence of the community. In evaluating citizen participation we cannot think merely in terms of the individual and the agency—what each gives to the other and what each receives. Citizen participation, like every other subject that has to do with human beings, cannot be approached singly; it must be considered in its proper context as it affects the whole social structure of our world.

Judge Brandeis said, "The greatest menace to freedom is an inert citizenry." How dangerous it is that so many of our citizens are apathetic, unresponsive; that they do not recognize that their individual power must be used with intelligence, that their ignorance can make them receptive to the propaganda of demagogues. The average family finds itself more and more alone in a world of growing complexity. How can it overcome that lack of a sense of belonging, which brings with it neglect of democratic responsibility? How can the average person learn the attitudes and skills that are essential if he is to be an alert, wise citizen?

How do children learn skills and attitudes? They do not learn entirely from textbooks nor from parents and teachers. Children learn from everyday experiences—they learn from doing. Adults learn the same way. Adult education must be built on the integration of experience, facts, and knowledge. Adults too must be given the opportunity to learn by doing, by participating in community work.

All along there have been clear voices among social workers who insisted that all social work had a responsibility to educate the community in terms of social values and that the intelligent use of volunteers was one of the surest means to that end. What other group in this complex society is so well equipped by training and experience to work with, to inform, and to educate our citizens? Theirs is the only professional group that understands all the weaknesses of our social structure and knows how it can be strengthened. Theirs is the

only group that can provide the opportunity to learn by doing. Other professions see fragments of the needs, but the social work profession sees the causes of the problems that confront us. The social worker knows that practically every problem is a result rather than a cause. Crime is a result, not a cause. Disease, prostitution, financial breakdowns, social injustice, human inequality, are usually results, not causes. One of the major tasks of social work is the creation on the part of adults of an understanding of how these malignant growths on our civilization can be healed, how such undemocratic forces can be resisted.

The social work profession has had ample justification for not having concentrated in the past on its responsibility in the field of citizen education. Social workers have been busy building a philosophy, techniques, and prestige. Inadequate budgets have meant too few staff members. But in the hurry to make the profession strong the social worker's vision has become clouded. During the war years, many groups developed their first interest in community affairs. The professional social worker was seldom available when these groups sought advice and counsel. Social workers were too busy to make their profession the bridge in closing the gap between "cosmic gadgets and human wisdom, between intellect and conscience" which Norman Cousins points out to us. There was always the answer that heavy case loads and personnel shortages made these extracurricular jobs impossible. Since these volunteer groups were largely war-induced, out of them intelligent and understanding leadership could have been developed to a greater degree. In the long run, the entire community, including the social work profession, were the losers from this neglect.

This must not happen again. Social workers must direct the altruistic impulse that inspires action in behalf of others. Helping people to coöperate with others to improve social conditions must be recognized as one of the components of social work practice. How can this be accomplished? What must the citizen receive? How can the volunteers be mobilized for peacetime participation?

Schools of social work should lay greater stress on professional training in the specific techniques which pertain to work with volunteers and community organization, so that the graduate will understand the far-reaching results of work with volunteers. The professional should be taught to apply her knowledge of casework in dealing with volunteers—the individualized approach, belief in the individual, building

on his strengths. Basic, also, is the ability to translate to individuals and groups the philosophy of the agency and the part it plays.

Millions of men and women, members of various civic-minded organizations, are waiting to receive the inspiration, direction, and guidance which only the social work profession can give. In one small city 899 separate organizations were observed among a population of 17,000. Some of these groups are small, some large; some weak, some strong; some have serious objectives, others are entirely frivolous. Some are isolated groups, while others are affiliated with national organizations which give them the benefit of the best in lay and professional leadership in many fields. They all need and must have expert guidance and direction in purely local affairs; individual organizations as well as individuals experience repeated frustrations if they are not oriented properly by those who understand the structure of the community. Moreover, lay groups do not ordinarily have direct access to the kinds of data that reveal the scope and character of social needs, nor are they usually equipped to engage in the patient toil required to marshal needed facts and to analyze their meanings. Would it not be a real service if professional groups would set up adult education councils and provide competent speakers in order that discussions relative to social welfare matters could be an integral part of the agencies' programs?

The Volunteer Service Bureau should be an important member of the family of agencies in any community. If the professional social worker were more aware of the importance of citizen education and citizen participation the volunteer bureau would be held in greater respect. In brief, these are a few contributions made by one such bureau which has performed outstanding service:

1. A board, which could be used as a model for any agency, has been set up of lay and professional leaders representing a true cross section of the community. Board members have the rare opportunity to participate actively in the administration of the agency.

2. An interorganization council, composed of representatives of fifty-two organizations, meets regularly to discuss community needs and to afford the organizations an opportunity to report on their individual programs and activities. This simple device has been responsible for outstanding benefits for the total community.

In the past, many organizations were completely isolated from the total community with no knowledge of the services rendered by other

groups. For this isolation the community paid dearly in terms of overlapping and duplication in money, time, and manpower. Some groups were hostile to one another because there was no mutual understanding of their respective programs. Not only have they learned to respect the programs of other groups, but very often they have discovered that their objectives can be more readily achieved by joint effort.

Through the volunteer bureau many organization programs have been enriched and strengthened by the acceptance of necessary projects of which they would have had no knowledge except through the medium of a volunteer bureau. Very often organizations working with volunteer bureaus fear that they will lose their identities. But experience has proved that by the use of certain techniques, the organizations gain in strength of program and in prestige.

3. A Job Analysis Committee, composed of volunteers, is the liaison agent between the bureau and the agencies. Each member of the committee is assigned to one community agency. It is her responsibility to know the policies and program of that agency, to discuss with its staff the opportunities for volunteer participation, to analyze with the staff the types of volunteer opportunity, and then, after volunteers have been selected and approved by the agency, to record precisely in the volunteer office the work of each volunteer.

Another method that has proved its value in time of war and should be considered in time of peace is the block plan. In each community there is a large and important residue of citizens who are not "joiners." The block plan seems to be one of the most effective methods devised whereby all citizens, affiliated or unaffiliated, can be indoctrinated in their social responsibilities and given the opportunity to be participating citizens. Howard McClusky says,

All programs designed to enrich the lives of the people and communities suffer from a universal plague. The social workers reach and affect only a paltry fraction of the public for whom they are intended. Many professionals talk about what should be done with the great unwashed but most of them reach the least needy in the population.

The Block Plan developed during the war years is the most effective cure for this plague. . . . Nothing that has been devised to date approached it in coverage and the possibility of universal education under grass roots leadership.¹

¹ Howard McClusky, "Block Organization for Health Education," *American Journal of Public Health*, XXXIV (June, 1944), 648-51.

In some communities, during the war, the block plan served community as well as war agencies. Why should there not be such over-all groups in peacetime? Why cannot citizens be shown that it is as essential to wage the peace successfully by fighting against injustice and insecurity in their own communities as it was essential to wage total war?

This type of organization needs professional supervision. Perhaps the disintegration of the block plans was due in part to the inability of the layman, with little professional assistance, to give the necessary guidance and prestige to convert them to peacetime service.

Intensive training for citizens is another essential to full intelligent, peacetime cooperation. Barnard College, in June, 1945, presented a three-week Institute for thirty-five lay and professional leaders on the subject of community organization and leadership. Recognized authorities in every field of human welfare gave the students a well-rounded course and training in the basic philosophy of community organization and citizen participation.

Courses such as this should be available for everyone. Some method must be devised whereby hundreds, thousands, of men and women will have the benefit of this type of experience. Perhaps there should be organized a National Conference of Volunteers, similar to the National Conference of Social Welfare in extent and coverage, which could bring expert basic training to the citizens of this country, in every state of the Union.

In an alert and informed citizenry lies the hope of democracy. If the majority of our citizens are inactive it may be that they have not been made aware of their peacetime duties and obligations. If they are uninformed, it may be that those who could guide them have not recognized their potential power and strength as citizens or have not remembered that what men feel the need of, they will bend every effort toward obtaining.

President Roosevelt did not forget. He said:

Democracy must inculcate in all its children capacities for living and assure opportunities for the fulfillment of these capacities. The success of democratic institutions is measured, not by the extent of territory, financial power, machines and armaments, but by the desires, the hopes, and the deep-lying satisfactions of the individual men, women and children who make up its citizenship.

WORKING RELATIONSHIPS BETWEEN BOARD AND STAFF

By Joseph E. Baldwin

SINCE MY EXPERIENCE has been confined to county boards of public welfare, any validity that my comments may have for town boards, state boards, school boards, or health boards will be purely accidental.

Moreover, I shall limit my study to administrative boards. With advisory and nominal boards, I have had little experience. Perhaps I should define what I mean by "nominal boards" since that is not orthodox nomenclature. In some states, Wisconsin for instance, the boards of county supervisors and commissioners are welfare boards also. In other words, along with road repair, maintenance of county buildings, allowance of county claims, and appropriating of county money, they retain authority over welfare functions. As far as welfare departments are concerned, I consider that they are boards in name only. Finally, I am in the main limiting myself to relationships as they concern the board and the director.

A tremendous number of variables are present when any formula on board-staff relations is attempted. Among these variables, four seem to be most conspicuous: (1) the kind of director and the kind of staff; (2) the community, its size, complexion, and problems; (3) the kind of program administered; and (4) the make-up of the board. It is important to recognize this fact because what worked in Gary might be a complete failure in Buffalo or Spokane. In other words, a change in any one of the ingredients means a different kind of stew.

Indiana had an interesting experience. By legislative enactment the tenure of all board members in the ninety-two county departments ended May 31, 1945. As of June 1, the appointing authorities, Indiana county judges, were required to make new appointments. In each county the program remained the same, the size of the community remained the same, and there was no change of director or in staff. And yet so far as board-staff relationship was concerned there were tremendous changes. In some counties, where a previous board had become merely a rubber stamp, the new board was extremely critical

and wanted to check every minute transaction made by the department. In other counties, where armed neutrality had existed between board and staff for many years, a rubber stamp board came into existence.

In order to get a correct perspective on board and staff relationship, let us look around a bit. It is significant to note that the Works Progress Administration program never had any local boards. The selective service system, on the other hand, was built almost exclusively on citizen boards. Detailed office routine was kept going by clerical personnel. Is it safe to observe that part of the success of the program was due to citizen participation and responsibility? Does anyone believe that the Office of Price Administration, lean and haggard though it is, would be alive today if its local program had not been put into operation by citizen boards?

Present in any consideration of selective service and of the OPA, of course, is the quasi-judicial nature of many of the operations. When this is true it is perhaps easier for a board rather than a single executive to render judgments. More than that, however, in my opinion, is the fact that without citizen support, both programs would have failed miserably.

In the insurance programs of the Social Security Board there are no local boards. The exercise of the judicial function is not so important here, perhaps, inasmuch as eligibility, or lack of it, is a pretty clear-cut matter. One wonders, however, if the recommendations for changing Federal legislation, made by the Security Board with monotonous regularity for the last several years, would now be any closer to reality if there had been citizen participation in the administration of the local offices.

There is certainly more rhyme than reason in the contrasts that appear in the various branches of government. By thinking of the Old Age and Survivors Insurance program, one might conclude that where there is exclusively Federal money involved, no boards are indicated. Such a conclusion would be supported by a glance at the Veterans Administration where no local boards exist. (In Gary there is on one corner a veterans' referral center supported by Community Chest money and staffed with one executive and some forty-eight board members. Most of its referrals are to the Veterans Administration office, three blocks away, where there is an executive staff and no board.) This idea breaks down entirely, however, when one remem-

bers that the Triple A program with 100 percent Federal money was operated almost entirely by boards of farm citizens.

Perhaps to dwell further on the Federal level would only be confusing. So let us turn to county government, which is nearer the people and in which there is somewhat more consistency. True enough the judges, the clerks, the treasurers, the auditors, and other elected officials have no boards. The votes, however, by which they are elected are counted by boards, and the money that they spend while in office is appropriated by boards. Furthermore, in the usually nonelective governmental functions of public education and public health there are citizen boards. In fact, in America, we seem to place a lot of trust in the common man and woman as opposed to the expert. I for one hope that the policy continues because I seem to remember that in Germany the affairs of government grew too complicated for the average man or woman to follow—so they turned the whole thing over to experts.

Social workers have said a number of times in the last several years that it was a great mistake that doctors seemed to think that the health of this country was exclusively their concern. We have probably also observed that religion does not belong exclusively to the priests, rabbis, and ministers. Social workers in the Chicago area shuddered when it was reported that school teachers had protested that parents were interfering with the education of their children. Every social worker knows that it was a mistake to have turned the courthouses over to the lawyers. So, it probably is a mistake to think that social workers should have exclusive jurisdiction in the problems of public welfare.

In 1930 Harold Laski wrote an article entitled "The Limitations of the Expert."¹ A couple of quotations from this ought to clinch the whole matter: "It is only the juxtaposition of the statesman between the expert and the public which makes specialist conclusions capable of application," and,

Our business in the years which lie ahead is clearly to safeguard ourselves against this prospect [government by experts]. We must ceaselessly remember that no body of experts is wise enough or good enough to be charged with the destiny of mankind just because they are experts, the whole of life is for them in constant danger of being sacrificed to a part and they are saved from disaster by the need of deference to the plain man's common sense.

¹ *Harper's*, December, 1930, p. 107.

In a sense what I have said is an introduction; in government, the participation of citizens is indispensable. So the first rule in board-staff relations is that the director should treat the board members as though they were the community in which he works. His ideas can be tried out on them. Clarence King in his excellent little book ² outlines the chief functions performed by boards:

1. Interpreting the work to the public
2. Giving sponsorship and prestige
3. Raising money and influencing appropriations
4. Interpreting the community to the staff
5. Choosing, supervising or removing the executive
6. Making policy decisions
7. Starting new movements
8. Giving continuity to the work

I believe that the board should be concerned with most of the activities having to do with personnel administration. This includes seeing and talking to the persons who are hired, following their development through the probationary period and formally passing on their permanent status with the department. Of course, they should receive reports regarding salary schedules, rest periods, and adequate quarters. They should hear the staff present cases and make recommendations for changes in the program. To be sure, this is cumbersome and will be fraught with occasional setbacks to the carefully laid plans of the executive. But there are two tremendously important by-products for good community relations. How can a board member interpret the agency's personnel to the general public if he does not know them, how they feel, what makes social workers "tick"? How can he successfully defend lower case loads, higher salaries, dignified quarters, unless he personally knows that they are needed? Secondly, but of equal importance, is the fact that by such relationship social workers are compelled to talk the language of the citizen if they are to be understood. They get the habit of considering proposals in the light of how the board might feel. The board, and thus the community, becomes a reality to the members of the staff.

Let us suppose that the board is concerned about immorality on the part of recipients of old age pensions. On the first of each month, some get drunk and pass out on the lawn of the courthouse, and the community walks by and points out scornfully: "There's your old age pension program for you. My dollars bought that old reprobate

² Clarence King, *Social Agency Boards* (New York: Harper, 1938), p. 6.

that drink." The board wants to put a stop to the situation by setting up some sort of rule. The director and perhaps other members of the staff help to analyze the particular cases, pointing out that there are few recreational facilities for the aged in the community. They discuss emotional insecurity and other motivating factors. Two things happen. The board has more answers for the community, and the social worker redoubles her efforts at social rehabilitation with certain of her clients.

Take the failure of certain fathers to support their children. Board members learn of it and want to establish a policy denying aid until the fathers are made to assume their obligations. The agency analyzes the problem and raises the question of what will happen to the children in the meantime while the slow, cumbersome, legal machinery is getting into gear. In fact, I have seen such a problem bring about a completely new understanding of casework, for staff workers have demonstrated the superiority of casework in comparison with the results of the court order and action by the sheriff.

On occasion it is a splendid idea to allow the client to present his difficulties directly to the board. Of course, in small communities this is done every day, but I am thinking about the formal meeting at which all the members are present, wearing their customary togas of responsibility. In the case of nonsupport I have seen this method used effectively. Board members are sometimes unable to get the real picture of a situation when a director reads a report or a staff member relates the history. Let the board face the client directly—the stark, bald reality of a person in need—and the resulting policy is inevitably more humane. In other words, when board members actually see what social workers see, they are inclined to act a great deal like social workers themselves. Is it not a mistake to deny them this opportunity?

I subscribe to the theory that where poor staff-board relations exist it is usually the fault of the agency director. Either he does not have imagination enough to energize a board, or his fear of board and community scrutiny is so great that he can never deal honestly with them. Nothing is more hopeless than a situation in which a board suspects that a director is suppressing information. To avoid such a possibility, keep the board informed.

Someone has said that the following formula is descriptive of good and bad welfare programs:

Good board	plus	Good director	equals	Good program
Good board	plus	Poor director	equals	Poor program
Poor board	plus	Good director	equals	Good program
Poor board	plus	Poor director	equals	Poor program

The only controversial point in that formula is that if a community has a good director it can have a good welfare program in spite of a poor board. To be sure, there are poor boards. But I believe the only hopeless board is one that is not typical of the community in which it operates. Even in that plight it is possible to bolster a board with a generous use of citizen committees.

Perhaps the formula is true in all its parts when one thinks of the various methods for energizing board members. A good executive can skillfully diagnose the individual capabilities of his board members and plan accordingly. One of the most effective techniques is the selection of projects on which board and staff can work as a team. Fortunate it is for a certain staff that the board members, after all pulling in different directions for a year or so, finally found that they were all agreed on the fact that the staff was underpaid.

Finally, let us consider the possibility of board member organization on a state-wide basis. I know that conscious effort is made on the part of many social work organizations to bring board members into the picture, but I know of no instance where board members have an organization in which they themselves take the initiative. We all agree that board members are most important in securing needed legislation. In the main, however, their efforts have been sporadic and certainly not organized. When any board member has gone into action it has usually been because an executive transported him bodily to the scene of activities. Even then he was probably acting at the behest of the executive and not on his own initiative.

Individual executives have been successful in getting their board members to work as a team with the community. The next step is for a Directors Association to do an equally effective job in getting all the board members of the state to work as a team with the state legislature.

To summarize:

1. An administrative board is highly desirable because it compels citizen participation in an era when the problems of living together are becoming infinitely more complex.

2. An administrative board is a good thing for a staff. To a capable director it is a challenge that can bring about an increasingly effective program; with a poor director, it is a safeguard to the citizens.

3. The success of a program rests with the director and his ability to energize not only his board, but the other citizens in his community.

4. The most effective working relationship between board and staff depends on the extent to which both see the problems of the client group.

DETROIT'S EXPERIENCE WITH JOB CLASSIFICATION

By Marguerite Whiting

SOON AFTER THE Detroit Community Chest was organized in 1919 there was a conviction on the part of the Council of Social Agencies that a systematic approach should be made to the problem of salaries and that the coördination of payments should be made an opportunity to raise the requirements in qualifications of employees. A salary standards committee worked intermittently for several years and finally presented a plan providing definitions, qualifications, salary ranges, and step increases for most of the professional and clerical positions. In 1927 this plan, providing coverage for perhaps half of the full-time employees of the member agencies, was formally adopted by the official body which represented the agencies in the Chest and was implemented through the budget committees. This plan continued in effect until 1933, when it was abandoned because of lack of funds.

These six years of operation were, on the whole, uneventful. Classifications were broad, the required qualifications were not exacting, and the salary levels established were considerably above previous rates. It is true that the issue of interference with agency autonomy arose. The two resisting agencies, regarded by their colleagues as questioning a plan that was for the general good, withdrew their objections and later acquiesced with the group. In a relatively simple setting this limited project had clear sailing and was accepted as part of the general plans for securing equitable participation in the use of contributed funds.

Following the bank holiday in 1933, when the plan was abandoned, the Chest and its member agencies passed through a long and difficult period, and lack of resources and pressing problems of many kinds prevented us from re-establishing a salary plan. Meanwhile, differentials in rates of pay for similar work became marked. Moreover, there was wide diversity in standards of qualifications not correlated with remuneration. Serious consideration had been given to the ques-

tion of re-establishing a plan in 1934, but it was impossible to assign staff service for the project and it could not be carried out. By 1941 personnel shortages began to be felt. In the following year it was recognized that substantial lifts in salary levels were inevitable, and there was urgent need for guidance in making them.

In June of 1942, therefore, representatives of Chest-supported agencies considered the re-establishment of salary standardization and authorized the appointment of a Personnel Study Committee to be responsible for the development of a basic classification of positions and recommendations for rates of pay. The committee included representation from the various fields of service, from board members and agency executives, and from four professional associations. An expert in personnel classification from a university faculty was employed on a part-time basis to give technical advice. Staff service for the community organization and administrative work was supplied largely from the Budget Department.

The work proceeded at a fast pace. The usual method, that of securing questionnaire material from employees and employers, was followed. From this information was set up a basic classification covering about 82 percent of the 1,800 full-time positions. There were ninety class descriptions, divided among the following series as noted:

	<i>Percent of Total Employees</i>
Clerical-administrative	18.7
Social service (caseworkers and group workers)	13.8
Medical and nursing	15.9
Domestic, culinary, and personal service	11.2
Building maintenance and operation	18.0
Miscellaneous	4.2
Nonclassified	18.2
	<hr/> 100.0

The class descriptions were reviewed in detail through special subcommittees. Notification of the classification of the employees, together with the class descriptions, was then sent to agency executives and employees, and opportunity was offered to appeal the classifications through a review committee.

Salary ranges were next considered. Comparative pay rates for city, county, state, and Federal departments were studied as well as ma-

terial from other sources. It was recognized that our rates could not meet the levels paid by governmental units in Detroit, but an attempt was made to narrow the differentials. Ranges were established which increased substantially the previous rates of pay, and these were used in preparing 1943 budgets. At this point there was a general glow of satisfaction, for almost everybody had benefited materially. No one, as yet, realized what restrictions lay ahead.

In 1943 the cost of living advanced further, and rates of pay in competitive and related fields increased also. Classifications were restudied and modified, and new, higher ranges were established for most positions. Special attention was given to positions in case work and social group work, since the original studies on these had been much too hasty. Educational and experience requirements for these positions were now incorporated in the plan.

The provisions for caseworkers were accepted without too much difficulty, since in this professional field there is reasonable agreement about standards. In the social group work, however, there was then no unanimity on the local or national level as to standards of qualification or, indeed, as to objectives and methods. In this no man's land, with little material for guidance, a second classification was set up, and training and experience requirements were established which, we found later, were not realistically related to actual conditions.

When these revised formulations were sent to the agencies, protests began to come in. Hearings were arranged for five protesting agencies. For two of them, in the casework field, it was felt that no sufficient reason had been given for modification of the plan, and the Budget Committee continued to use the standards in writing their budgets. In the case of three social group work agencies, however, a different position was taken. Local affiliates of national agencies, they stated that the personnel standards promulgated by their national headquarters constituted their governing source. The Personnel Committee considered that this relationship was a valid basis for exemption from compliance with the plan, pending better understanding of the relationship or reconciliation of the standards. Three other affiliates of national agencies have continued to be covered on a voluntary basis, apparently thinking that they should support a project which, as a whole, is for the general good; perhaps, too, they believe that they may gain in the long run by adapting themselves to the emerging pattern.

The second plan for group workers was used during 1944, but the difficulties were so great that another revision was attempted in 1945. A new basic classification was devised, more detailed and precise class descriptions were evolved, and educational qualifications were definitely broadened. We feel fairly confident that this third plan will advance us materially in meeting our local problems, but we regard it as only a temporary expedient pending the time when there will be clarification within the professional field of the problems of recruitment and training.

In 1944 and 1945 the inevitable pinch which comes when a considerable proportion of employees reaches the maximum of their ranges awakened agencies and employees alike to the realization that the function of a personnel plan is, not only to raise salaries to appropriate levels, but to keep them from exceeding those levels unless and until the plan as a whole, with all its related parts, can rise to higher levels. This difficulty is a constant in public personnel plans and must be reckoned with sooner or later. While isolated ranges should be revised to correct inaccuracies in original judgments, the basic structure of relationships must be preserved.

Again, in 1946, the cost of living has advanced, and competitive and related positions are commanding higher rates of pay. We must consider carefully whether we can establish higher levels for 1947. Although the Detroit rates in the casework field were probably higher than those in most other large cities in 1942, at least two cities have now outstripped us, and our local non-Chest rates, which have always provided our stiffest competition, have again taken long steps upward. As is evident from this brief history, the development of a personnel plan is a continuing process requiring constant study and readjustment in the light of better understanding of the problems involved and of changing conditions.

The Personnel Study Committee was originally established as a body advisory to the Budget Committee, which, in Detroit, is part of the Council structure. It had no responsibility for the implementation of the plan and could therefore give its full attention to the development of what it considered to be reasonable provisions, leaving to the other committee adjustments which might be necessary to meet the practical situation. This concentration of responsibility for application safeguarded the principle of centralized financing in the Budget Committee and also served to protect the responsiveness of

the application to the constituent membership; for the Budget Committee is an elected body, whereas the Personnel Study Committee is appointive. This view of the Personnel Study Committee has lately been somewhat changed. It has been recognized, as the work developed, that eventually consideration must be given to personnel practices which do not have financial aspects. Moreover, it has seemed advisable to give this body more freedom by separating it from the committee for financial control. Therefore the committee has been reorganized as a committee of the board of the Council in accordance with the provision of a constitution recently adopted by the Council. It is expected that recommendations will now go to the board of the Council and that instructions in regard to financial implications will issue from there to the Budget Committee. Since this is a large committee a considerable portion of its work is done through subcommittees, for which assistance can be drawn from the functional division secretaries of the Council and appropriate council divisions and committees.

The provision of technical service for the project from outside the Council has seemed to be an important advantage. In the initial stages it is invaluable, not only for the quality of results obtained, but also for the speed with which a plan can become effective through the assistance of technically trained people. It has been a further advantage to have this outside assistance continuing on a per diem basis to provide routine classification service on new positions, new employees, and promotions since this arrangement increases the objectivity of the process and also frees the Council staff, in some degree, from the pressures involved. In any large city it should be possible to enlist this kind of service since personnel technicians seem to have a real interest in extending classification systems beyond the field of public institutions. It should be recognized, however, that their services will not solve the whole problem, and provision must be made from the Council or Chest staff for the establishing of committees and their coördination with the other parts of the Council, and for the usual duties of a community organizer.

The most difficult aspect of the plan lies in the provision of operating controls. Since a large number of diverse agencies is involved, even the simplest plan is subject to differing interpretations. Moreover, the element of self-interest, perhaps quite unconsciously, serves to bring about inequities in application unless there is a central point of

reference. It has seemed advisable to require that agencies check at certain points with the Budget Department in the matter of induction rates and interpretation of classifications. Since this process arouses some resentment, an effort is being made to reduce this routine. If the plan is to be equitably applied, however, we see no way of completely avoiding this operation.

Step increases within the ranges have not yet been incorporated as a regular part of the plan's provisions for the reason that our committee has never been able to reach any unanimity as to what should be the basis for increases. Since 1942 we have had each year a pay increase policy for that year only. The plans have been similar in that all of them have combined an automatic increase with a merit increase, but they have differed in amounts and application. The task of finding a continuing basis is now more important than ever, in view of the fact that increases were made for 1946 in spite of the failure of the campaign to provide sufficient funds to do so without retrenchment in program. The implications of this action are important in that the community, as represented in our board and committee structure, seems to recognize that the burden of campaign failures should not be borne by agency employees. Although the action for 1946 was only for one year, it nevertheless sets an important precedent.

The case for personnel plans for federated social agencies rests primarily upon the principle of equal pay for equal work as a simple matter of equity. Moreover, there should be gradations in pay which are commensurate with the knowledge and skills required. The general public, in the last two decades, has accepted this principle, and it has been incorporated widely in civil service. I believe that our contributing public, if it really understood the situation, would quite rightly demand a systematic approach to the salary problem in social agencies.

There are benefits which flow from a well-constructed plan as it affects employees. Not the least of these is the incentive offered to qualify for higher ratings through increased training or the attainment of higher degrees of skill in performance. The fact that there is a plan which provides for promotions on the basis of defined factors acts as a spur to provide better service and, in addition, stimulates morale. It is the right of the employee to know the conditions under which he is expected to work and the possibilities ahead of him. Per-

haps it is a right also for him to participate in the development of the plan. Increasing consideration for this factor seems definitely a part of the future.

There are some advantages also for agency administrations. A good plan provides agency executives with an instrument for closer definition of their duties and for better management of personnel resources. It is possible that it may, in the long run, reduce turnover and stabilize staffs. It may be argued that these benefits should be secured through plans developed by individual agencies to fit their special needs, but the fact should not be ignored that most agencies have not initiated this development themselves and probably would be slow to do so. A uniform plan, moreover, offers increased opportunity to encourage promotions and transfers among agencies with obvious advantages, both to employees and to employers.

The members of budget committees bring us, with their interest in social service, the point of view of business, industry, and the other professions. More and more they question standards and methods of administration. A personnel plan answers one of their needs, and they accept it readily as an instrument which clarifies one of their problems and safeguards them from the powerful pressures which agencies sometimes bring to bear in budget conferences. Their demands for the means for making better budget allocations and for improvement of standards of agency administration cannot be ignored.

We in Detroit believe in the values of a uniform personnel plan. Our conviction is seasoned by our experience. We realize, however, that there are certain hazards. It is conceivable that this centralized approach, if it met with too much resistance, might prove to be a serious divisive factor. The approach should be exploratory, with full participation in the discussions by the agencies, and by their staffs also, if that can be managed. Democratization of method is an important part of the process. There is also the factor of timing. Standardizing salaries is a costly matter, for the leveling process always means leveling up, not down. And, finally, whether it is appropriate to develop a plan in a particular city will depend to some extent on the degree to which agencies have developed the ability to act together and jointly with the chest or council, and on the nature of the budget process.

The advisability of adopting among voluntary agencies the unified

approach in use in governmental units seems apparent. A systematic means of providing for equitable allocation of salaries to employees and of budgets to agencies is an obligation imposed by the nature of the source of the funds. Our responsibility to the public, to agencies, and to employees points to this development.

THE DETERMINATION OF SOCIAL WORK SALARIES

By Florence I. Hosch

SALARY IS AN INDEX. It is the money value placed upon the services rendered by an individual. This value is, unfortunately, determined more by tradition and circumstance than by careful evaluation of the knowledge, skill, and abilities required to perform tasks. This is particularly true in the field of social work where professional skills have improved rapidly but where community acceptance of the relatively new profession has been slow. Therefore, it is important to examine tradition and circumstance before attempting to evaluate the money value of social work services.

Present social work salaries, clearly, are not based upon any generally accepted criteria, but rather are dependent upon numerous factors. One of these is the tradition in the profession. Obviously, the public wants social services, but is it willing to pay what they are worth? Assuming that the public recognizes the need for social work service, the tradition within the profession tends to hold salaries down. The early affiliation between religious and charitable organizations has resulted in the concept that the emotional and spiritual satisfactions derived from the giving of service compensate for low salaries. The concept of the "friendly visitor" and the volunteer, vestiges of our preprofessional past, is seen in current fund-raising campaign publicity where it is at least implied that "your dollar goes for relief" and not for salaries. In the public field, most legislators act upon this concept when limitations are placed upon the percentage of the total appropriation which can be applied to administrative costs in welfare programs. This inevitably results in restricted salary budgets.

Our philosophy of service has so conditioned persons working in the social work field that employees hesitate to demand proper salaries, and executives hesitate to pay adequately for service because of a lack of confidence as to its worth to the community. We cannot claim that we have been eminently successful in interpreting the value of professional social work services.

Then too, social work has traditionally been a profession which attracted women. Women have accepted lower salary rates because of the expectation of marriage and because frequently their wages supplemented an inadequate total family income.

The fact that earlier institutional welfare programs emphasized buildings rather than service and that employees received low salaries plus maintenance, which was computed at a very low rate, has also tended to keep social work salaries depressed.

The association of welfare services under public auspices with various civil service functions performed by political appointees is another inheritance from our past which adversely affects present social work salaries. Because of the shifting definition of the content of social work, it is difficult for the public to identify what it has been supporting and to see the common element in such widely divergent services as those performed by the settlement worker, the overseer of the poor, the probation officer, and the Boy Scout executive.

A second factor upon which social work salaries depend in part is the ability to pay. Public budgets fluctuate with tax revenues, and the budgets of voluntary agencies vary with the success of community chest campaigns. The fiscal base for public services varies with the level of government, local, state and national, with the ability to pay increasing at each larger unit. Few, if any, states plan for continuing welfare programs as they do for some of the other functions of government. This is reflected in the tendency to appropriate funds for welfare purposes on an emergency basis. When funds run low, curtailment of funds for staff services inevitably follows. In the voluntary, as well as in the public field, local communities do not have to pay and will not pay as much as do the Federal agencies. The problem of local autonomy versus a sharing of resources and responsibility for the problems of the local community is apparent.

A third factor is the relationship between the supply and the demand for workers to fill a particular job. Some people may be willing to accept less financial remuneration in consideration of other desirable factors, such as vacation, tenure, and prestige. In general, however, one's next salary bears a direct relationship to one's last salary and may be a more important factor than the prestige of the agency in which one was employed or the kind of experience the agency is understood to provide for its workers,

The last factor is the degree of value which the community places upon social service in comparison with other services. It is almost always possible when making a social study of a community to find an example such as one instance in which the expenditure for staff to tend thoroughbred stock exceeds the expenditure for staff to serve children.

The recognition of the need for a careful study of salaries by the American Association of Social Workers was given impetus because of the high mobility of social workers during the war years; the growing concern of agency executives regarding the problem, as indicated by the large number of inquiries concerning salaries received during the last few years by the A.A.S.W.; the rising cost of living; and the need for more trained social workers whose recruitment to the field depends to a great extent upon the attractiveness of the monetary compensation.

The Personnel Practices Committee of the Association undertook to explore the subject. Such data as was available to the committee reveals that social work, even as other commodities, is subject to the vagaries of supply and demand. Agency executives are bidding in a national market for this commodity. Even small agencies and agencies in small communities have to pay more than they once did for the services of personnel because of the preference of many well-qualified people to be in the larger centers of professional activity.

Social work salaries have been increasing during the past decade, but in most agencies the increase in salary scales has not kept pace with the rise in the cost of living. In general, for the lower income groups, the cost of living is believed to be at least 30 percent higher now than it was in 1941. Most social work salaries, however, have increased only 15 to 20 percent. Such increases have not been made on the basis of any formula or standard, nor have they been related to a coördinated salary and classification plan for the field. Edward H. Litchfield, of the Michigan Civil Service Commission, points out that "the practice of granting" wartime pay bonuses is an illustration of this generalized approach to pay problems. Few agencies can explain the precise relationship among the factors which have led them to make such adjustments.¹

The evidence indicates that there is no longer a distinct regional

¹ "Theory and Practice in Public Salary Determination," *Public Personnel Review*, April, 1945.

difference in social work salaries except for the jobs in the lowest or subprofessional classifications. This does not mean that some states do not pay less in general than other states or some communities less than other communities, but that, in general, regional areas comprising a number of states no longer are typically below or above other regions in the salaries which they pay.

One of the most significant trends is the almost universal desire on the part of executives for accurate data on what is being offered in their field for comparable positions. Executives want data on which to base their salary offers. Many national agencies recognize the necessity to study and modify their own salary scales, and some agencies have attempted to do so. Some national agencies are presented with a problem because their affiliate organizations have relatively complete autonomy, and the national agency can do little more than set standards. Social work is generally administered by boards, some of which have agreed to salary increases which were more rapid than they really believed the job to be worth. There will probably be resistance, active or passive, to maintaining these salaries or to increasing them further. The problem is still one of demonstrating the value of social work service. There is evidence, too, that many communities are concerned about the problem, for there has been an increase in the number of communities making personnel studies looking toward the development of better salary plans.

A good deal of dissatisfaction exists on the part of employees because of the tendency to employ new workers at higher salaries than those paid to current employees. The fact that employees can advance more rapidly in salary if they secure employment in another agency rather than remain where they are, doubtless increases the mobility of social workers.

There is a conflict of points of view as to the expectancy in regard to the maintenance of present salary levels. There are those who believe that salaries will not return to prewar levels, or will not decline substantially in the next few years, because of a scarcity of qualified people. Others believe that agencies expect to reduce salaries as soon as possible. There is no objective study to substantiate either point of view. At the present time, representatives of national agencies do not foresee a cutting of services or of staff in the near future. Many have reported vacancies on their staffs. However, some have expressed concern regarding their ability to keep up salaries, particularly in

those areas in which the community fund drives have failed to reach their quotas.

Should we attempt to establish minima for jobs in the social work field? How can we arrive at such minima? We could use such material as is now available, or we could strike an average of the present pay scale for a particular position or average wage over a period of years. This is not entirely sound. The range in present salaries is very wide, and we have seen that the elementary factor of the cost of living has not been given sufficient consideration at any time in the determination of salaries.

Should we attempt to establish pay scales that would be comparable to current rates in allied professions? At the present time, salaries in social work compare favorably with those of teachers, nurses, and librarians, for example. But in these professions, as in social work, pay scales are not correlated with the cost of living, the cost of professional preparation, and other factors which are requisite to an objective determination of adequate salaries.

Should we attempt to compute the value of professional preparation and the cost of an adequate living standard for a professional person in the field of social work? This alone is not a satisfactory method, since remuneration must be based upon the job to be performed rather than the qualifications of the individual.

Should we attempt to set a value on the job to be performed, taking into consideration the kinds of decision that the individual is called upon to make, the number of persons affected by these decisions, the amount of expenditures for which the individual is responsible, and all the other factors related to the level of responsibility?

Since all these factors are pertinent, the use of a combination of them in proper proportion is indicated. However, even assuming that we can determine minima and maxima for positions in the social work field, we have still not solved our problem.

There is the obvious danger of undercutting salaries of persons already receiving more than the minima which might be established. There is also the hazard of setting the minima so high that the profession will be charged with being unrealistic. Monetary values change with inflation and deflation, and there is a tendency for salaries to become traditional and to change very slowly. To offset this tendency, any attempt to establish minima might be more feasible if set in terms of standards rather than in actual salary figures, if that is possible.

Minima, of course, are more acceptable for beginning positions than for other positions; for example, they might be defined for a beginning practitioner, a beginning supervisor, or a beginning executive.

To obtain better salaries we should first disseminate information regarding present salaries. One of the first steps is to determine what is being paid in various parts of the country. This can be accomplished by using certain information which, if not now available, will be in the near future. The Bureau of Public Assistance of the Federal Security Agency has undertaken a study of the education, experience, and salaries of some 22,000 social work employees. The American Child Welfare League and the American Association of Medical Social Workers have made salary studies over a period of years, and as each study includes some of the same factors, the analysis will be invaluable in showing trends. Material from city-wide personnel studies will also be available.

We should support over-all efforts to improve personnel administration, that is, civil service or merit systems as opposed to competitive systems or the attempt to raise a few agency positions to a higher level.

We must recognize that many groups are competing for public moneys, both tax funds and private funds, and we must participate effectively in budget planning by having all the necessary information; by insisting on long-term planning; and by having adequate support for our requests so that full consideration is given to needs. Demands for salary increases based upon an analysis of facts, such as those compiled by the United Office and Professional Workers of America, C.I.O., will be difficult to deny.

One can establish the validity of a wide range of salaries for the practitioner and for the supervisor and the executive, dependent upon skill and responsibility. This can be accomplished through adequate classification plans and acceptance of the principle of graduated pay for increasing responsibility. Presumably, the positions of greater responsibility require more training and experience.

We can establish parity with other groups. For instance, it is possible to analyze the nature of the social work process, the operation of the individual worker within this process, and associated activities. These can be related to activities of similar complexity and on the same level of responsibility in other professional fields in order to make valid comparisons. It should be possible to locate the relative

position of the several social work levels of responsibility in the hierarchy of administrative authority within an agency. Having established parity with other groups, we can use their salaries to adjust social work salaries. For example, in one state the parole officers established parity with the work of the employees of the Federal Bureau of Investigation and received commensurate salaries.

A word of caution may be indicated. In the presentation of any material, a comprehensive picture should be presented. Presentation of salary extremes should be avoided. The validity of the rate of highest incidence should be recognized, but if we wish to improve salary rates in order to attract better personnel, compensation must be adjusted in the direction of the higher rates.

We must interpret the value of social work services to other professional groups. The key people within the field of social work who are responsible for program planning, budget estimates, and preparation must be familiar with the value of social work services. Of equal importance is the value of interpretation to, and an understanding of, the value of these services by key personnel in other professions.

It is apparent that the problem of determining social work salaries involves these considerations: We must cast off the invalid identification of the past and clarify for the public the fact that social work is a profession which provides an essential public service. We must deal realistically and effectively with the cultural lag that results in low salaries for professional service. Finally, we must compile, study, and analyze the facts and begin to modify with all our skills the controls which, in part, determine whether social work will stand as one of the most important of all the professions.

LEGISLATION, COÖPERATION AND THE BOARD

By Marjorie W. Foster

IN MORE THAN THIRTY STATES legislation has formally provided for county boards which have a legally defined relationship to the county public welfare agency. In other states such groups have been established because people thought they were needed or administrators believed they would be helpful. Their formation is the natural expression of a democratic people which wills that its public welfare agency shall remain closely related to the people for whom and by whose will it exists. Unfortunately, however, realization of this practice may be blocked by our own distrust or lack of understanding of the potentialities of such groups.

Whatever we may feel, we in public agencies are employed by the people. We are responsible to them for the administration of laws which they establish to meet human needs and for meeting those needs in a way the people want them met. That is the stark, grim, inescapable reality; or it is the very dynamics of a vigorous, flexibly useful agency thoroughly and democratically integrated in its own community. The county board is our channel for this dynamics.

As a people we have been slow to learn that democracy is not a matter of political organization, but a philosophy of our workaday lives. To be a reality, the idea must be implemented into the everyday practice of our relationships, our jobs, our social behavior. The county board is such an implementation, linking as it does a government agency established by the law of a state or federal group with the people of the community in which it serves. Louis Towley writes:

The County Board has a twofold responsibility. On the one hand it represents the community and its citizens in the administration of the welfare programs under its jurisdiction. It is a fairly direct way in which the public by delegating duties to the board can share in this administration and development of welfare programs. The other side of the two-way responsibility or function is that the board must represent the programs to the community.

Failure to appreciate that duality of function sounds the death knell of the effectiveness of a county board.

We need to consider further certain dangers to the democratic character of public agencies. We hear many complaints against undemocratic regulations and policies that come "from the top down." Complaints on the local level are usually occasioned because "they don't understand our problems." They don't—unless we tell them. (It might be noted that everything which comes "down" must, without exception, have gone "up" at some time or other.) That of course is where staff, board, and the public, come in. Administrative policies may be divorced from reality, but resourceful workers have met that situation before and won. It is more annoying than dangerous.

However, when everything comes from the top without conscious control from below, the danger is that the people, the citizenry, will become separated from the work they have instigated. They must stay close to their program. They must be in a position to know what is going on, and be ready to make changes when they are needed. A corollary of this danger is that bureaucratic practices can lose sight of the individuals affected by them. The counterbalance can be provided only by a public awareness that people, individual human beings with their own personal problems, are "what the whole business is about." The county boards, indigenous to their own communities, can supply this counterbalance.

We have to work for effective forceful boards. Certainly good enabling legislation is one factor in providing a framework with the least obstacles. Such a law indicates in its very passage that there is understanding, and a desire for the type of activity suggested. Also it provides a clarification of function without which many a board has foundered. A second necessary factor is a conviction on the part of all board members of the values inherent in the very process of lay and professional people thinking together. At all times it must be accepted that this job calls for all the skills that each member of the board has to contribute.

That, of course, brings us to the third factor, the personnel, which must be both able and willing. Leonard Mayo points out that social work administrators, who, by and large, are the professional persons associated with county boards, should not only know casework, but should also know the principles of social group work and of com-

munity organization. They will need group work skills since they work directly with the county board in the process of developing constructive attitudes and motivating toward action. Unless they understand community organization they will fail at the point where the board reaches out beyond the immediate agency problem to those broader social problems of which it may be a part. For instance, in considering what to do about treating a chronic illness at county expense when the situation is a resultant of bad housing, both agency policies and community social problems are involved. Primary requisites for the lay members are a "sincere and intelligent interest and a willingness to give time and energy." Their background may be in any field, and diversity of opinion on the board is more desirable than uniformity.

The organization of the group is a fourth factor in its success. It should be representative of a wide variety of opinion. Experts suggest that a board should be as small as it can be and still provide contact with all the important community elements. Membership might vary from five to twenty-five persons. Members should be representative of the community as a whole and not of any particular constituency even though geographic areas, for example, are represented. Cultural groups, important organizations, and political subdivisions must also be represented actually, not merely nominally. In addition, the board must be democratic in its internal organization. An autocratic chairman can invalidate the best representation and make group thinking impossible. On the other hand, the chairman must be an effective leader, able to clarify issues and move the group forward. Provisions for both continuity of membership and change must also be made.

A fifth factor in achieving an effective board is a real program. Interpretation must become a major part of the program since this is basic to any other activity. The board must be able to interpret policies and, in a very real sense, sponsor the staff which is administering them. Conversely, it must be able to interpret to the agency the reactions of the community for the ultimate purpose of better service. Special aspects of this factor are community coöperation and social action.

In examining the basis for broadening the scope of the county board into the area of community coöperation we need to understand this as a concomitant of its concern for the program of the public agency. Wayne McMillen further explains this:

One trait is common to most human beings; when they feel strongly that some particular factor in the environment is undesirable, they will unite in an effort to do something about it. The task of community organization is to try to promote wider and more rapid recognition of detrimental elements in the environment and to guide the desire for reform by transforming the emotional responses into disciplined, progressive activity.

In accomplishing this the county board must, in the first place, see itself as part of a larger whole. This is both salutary and chastening, both for board and for staff members. The county board is part of a larger state agency in at least some of its programs; it is only one agency of a number in the community; it serves a limited group of people in which a larger group have a vital interest; it is only part of the whole community. The part does not exist unto itself, and only as it functions with other parts does it make a whole. That is a democratic principle to which we often give lip service but less often readily accept.

Along with this is a need for understanding the other parts that make up the community, including both a definite knowledge of community agencies and other resources and a specific factual knowledge of community needs. No businessman on the board would consider taking over a new business or changing the old without making an inventory of assets and liabilities. We cannot afford to be less intelligent about our social resources and needs. Our board should have members who are active in other organizations, for they can increase our understanding. In one war-boom community four people were called together in 1943 to clear problems relating to day care of children, and it was found that not one of them had ever met the others, although each had headed a major social welfare activity for some time. The public welfare worker who had called them together was the common denominator.

A corollary to this knowledge of others is planning so that "the other parts" will know and understand us. Our goal must be to know the meaning of our job so well that we can state it simply without needing to hide behind technical jargon. Although our interpretation need not be maudlin it must be human; its human quality is what will interest others. Nor do we need to talk down to normal people. They speak and read English, too. They will be concerned with more fundamental problems than sentimental sob stories if we are able to make our facts and figures come alive for them and can show that they deal with people like themselves.

The recognition of this common ground is a fourth element in developing the community coöperation aspects of the board program. We must sharpen our skills in identifying that which we have in common with others and learn to make our contacts at what Wayne McMillen calls "points tangential to social work." Examples are easy to find: in the state of Washington the interest of the Eagles in a program for the elderly has been a strong force on all levels for a sound program; thanks to the American Legion's interest, child welfare was the first public welfare division established in the state; spastic children have benefited by the interest of Kiwanis.

The fifth point is the need to plan for positive action on a base as broad as the community need and as specific as the school carfare of the crippled child next door. The process of any such program has been implied, but it may be restated in five words: fact-finding, analysis, recommendation, dissemination, action.

If our county boards were soundly functioning along the lines of the two sets of criteria already noted, we would have available the actual force necessary and we would merely need to channel these specifically toward legislative action. As background for our better understanding of the possibilities of the county board in legislation I should like to quote Albert Low Moffat's streamlined description of the legislative process as he gave it to the National Conference of Social Work in 1941:

A legislature is in reality a judicial body to which the people, who are the source of government policies, turn when they want a change in the rules governing society. A group of individuals . . . may be dissatisfied with the existing government policies. They want to change them. . . . They go to the legislature, composed of representatives of the people, and ask for the change they seek. Those who do not desire the change come before the legislature to oppose it, and the legislature formally or informally hears the arguments, listens to the discussion and finally, in a judicial capacity, reaches a conclusion as to what should be done.¹

With this as a background we need to examine the process more specifically. We might picture for ourselves a new version of the triangle. The base of this triangle is the public made up of all the people, Mrs. Capitol Hill, Johnny Railroad Tracks, and everybody in between. It includes the Widow Jones and her five youngsters, supported

¹ *Proceedings of the National Conference of Social Work* (New York: Columbia University Press, 1941), p. 652.

by the Aid to Dependent Children program; Mrs. Bradshaw, who foster-mothers two orphans; Mr. Brown, who owns the neighborhood grocery; Mr. Linten, a bank cashier; Mrs. Allen, a school principal; and all the others—everybody. This base includes those who receive public welfare services, those who participate in giving them, those who are concerned about their giving because they want their community to be a good place in which to live or because they believe such services to be the right of American citizens; it also includes those who "don't see any sense in all this."

One side of this triangle represents the public agency and all its work, its staff, its policies, procedures, etc. The other side of the triangle is that stream of thinking, talking, writing, of personal pressures and attitudes, which goes from the public in a democratic society to its legislators. The apex, of course, is the resulting legislation which, in turn, forms the framework from which comes the program of the public agency. Obviously, there must be a continuous stream of activity going up and down both sides of the triangle. The county board, understanding both the public welfare program which has developed out of existing legislation and the human needs it is expected to meet, is in a strategic position to interpret these needs and to recommend modifications of the program through legislation. The flow of public opinion from our county boards may crystallize into socially desirable legislation. To achieve this, we need not only a board which is organized for effective consideration of agency policies, and one geared to an active part in its whole community welfare program, but also a board which has equipped itself for the further task of social action.

To meet this last responsibility we must know what we want and why. Here again we need facts. These must be accurate, well documented, and supported by specific examples. Next, we must join with other people who want the same thing. That, of course, presumes that we are in touch with what is developing throughout our community. In addition, we must be aware of what is happening in other communities since the same need may be in evidence throughout a region or even the whole state. Planning for joint effort will, of course, call into play all our community organization skill and understanding.

Third, we must specialize. The schoolboy who told about the man who got on his horse and rode off in all directions was describing a

common failing of social idealists. Effective action requires concentration of effort. Occasionally, a problem has been fomenting for a long time and needs only the catalysts of leadership and concerted action. Usually, however, we must focus our efforts on that piece of the problem in which we have the authority, and the convictions of experience and knowledge.

The next suggestion is that we must allow plenty of time—we will need it. Mr. Moffat reminds us that the burden of proof of the need for change rests with those who want the change. After a legislature is in session, it is too late to initiate ideas. Our problem of securing action is primarily one of developing certain attitudes of the public. An issue that is little known has little interest for either the public or the legislator. Many technical bills are passed without question simply on administrative request. But apathy on social welfare legislation will kill it. We must awaken interest and develop latent concern into active personal convictions. On the other hand, we frequently find attitudes which are all too firmly fixed on the opposite side. Here we need time for interpretation and facts to give better understanding and to bring about a modification of attitudes. Here also we need patience, humor, and a conviction so firmly based on clear understanding that it can stand heckling. We need to remember, too, that it takes time simply to get used to new ideas and make them familiar enough to accept comfortably.

Lawmaking is an expert job, and, as our fifth consideration, we need to feel free to call in the experts when they are needed. Many states have commissions charged with the proper drafting of laws. If this service is not available, we must find its equivalent elsewhere. Many otherwise good bills have been taken through the whole laborious process of passage only to be thrown out at the point of enforcement because of poor drafting. Another necessary expert is the legislative representative, more commonly called a lobbyist. Most county board members would be lost in the process of getting a bill through the legislature. Who should introduce it? When? Who will be interested in it? Who opposed? To what committee will it be referred? Will a hearing be needed? Is there adequate support for it? Do legislators know their constituents' attitude on it? Is pressure needed to get it out of committee or to vote? If so, what kind will be most effective? The lobbyist will have the expert's knowledge of the bill itself, can advise

on all these questions, and will call in further help from the local communities if it is needed.

My last suggestion is that we must stay on the job. We have not finished until the law has been in operation for some time, and by then, we probably will realize that some changes need to be made. It sounds like an unending job and it is, but it is worth while. Locally, we need to provide for adequate newspaper and radio coverage throughout the whole process. We must stand ready to apply such pressure as may be needed, when and where it is needed; to make individual contacts, to get group endorsements, and to ask that expressions of individual support be sent to local legislators. Even after the bill is passed, we must be on the alert. Administrative interpretations can nullify its value, enforcement may be lax, and judicial decision may alter it entirely.

At this point, we realize that we are again concerned with the flow of policy and practice in which legislation comes down to the local agency; which in turn, is dependent upon the county board for its interpretation to the community. The role of the county board in effective agency action, community coöperation, and social legislation can thus be seen as a continuous one of paramount importance. Active lay participation is not only important, but it is imperative to the continued existence of social work. Understanding comes out of participation, and the resultant concern of man for man is the vital stuff of which democracy is made. The county board in operation is democracy working for its neighbor and for itself.

CASEWORK IN THE ARMED FORCES

By Daniel E. O'Keefe

WE HAVE COME TO the close of another World War. More than ten million of our men were involved in this conflict on the seas and the lands, and in the air. They brought with them the cultural patterns of every section of our land as well as their own individuality. They were massed and trained, and they fought and won, and in these processes some failed, some were disabled, and some died.

Our resources were mustered to aid them; our factories forged their weapons; our farms supplied their food; our medical men provided the drugs and surgery and the professional skill to care for their physical and emotional ills; our leaders provided the blueprint for victory. As a part of this almost unbelievably vast plan, social work contributed a substantial and satisfying part, both in the civilian and in the military spheres. Over seven hundred men and women in the armed forces were assigned to casework services for their fellow soldiers. Their backgrounds were as varied as the men they helped. They were psychiatric social workers, medical social workers, family caseworkers, group workers, and persons trained in community organization and social administration. There were, perhaps, from 150 to 200 fully trained social workers; the rest were only partly trained at best. The Army recognized this fact in establishing that famous specification serial number "263," military psychiatric social worker. The qualifications required the individual to have a graduate degree from a recognized school of social work, or at least two years of supervised experience in social work activities in a private or public agency. In the Medical Department Technical Bulletin No. 154, on psychiatric social work, the statement was made: "Standards for the selection and assignment of military psychiatric social workers must be based on Army needs and policies; and, of necessity, these will require readjustment of civilian professional standards." Since Army classification and assignment officers were usually the ones to interpret the Army needs relating to personnel, they were responsible for the placement in military social work settings of many individuals who either barely qualified, or who, in some cases, were qualified only by their

desire to be of service to their fellows. This, then, was the group of individuals within the military services which handled the social work program. It is important to realize their strengths and weaknesses, for these were the strengths and weaknesses of the total program.

Social work in the Army developed as a service to psychiatry, and with its official recognition, this relationship was formalized by Army direction. Many social workers, however, worked in nonpsychiatric settings and were able to do a job dependent upon their own individual skill and their acceptance by the leadership under which they worked. It seems most important, however, to consider just that group of individuals who were assigned to officially recognized social work positions.

As stated at one convalescent hospital, the specific function of the psychiatric social worker consisted of assisting the patient to utilize his strengths as a means of adjustment and to assist him to utilize the facilities of the hospital in his efforts to recover from emotional illness. To accomplish this function the social workers performed the following casework services:

1. *Intake study.*—This consisted of the history taking; initial discussion with patients of the manner in which they used their illness in their efforts to adjust; clarification with the patient of what he considered were his adjustment difficulties and needs; stimulation of the patient's awareness of his own role in his recovery; interpretation of the facilities of the program in terms of the patient's awareness of need. This interpretation included an explanation of the services offered by psychiatrists, psychologists, and group therapy.

2. *Social service treatment.*—This consisted of scheduled appointments arranged, in so far as possible, with the active participation of the patient. The social workers were not encouraged to initiate discussion of symptoms but to handle such discussion as the patient introduced so as to help him use the psychiatrist for the treatment of symptoms. The social worker was encouraged to discuss with the patient how he was using the facilities; to recognize the emergence of positive interests and strengths in him; and particularly to assist him in making the daily small decisions that confronted him. It was believed that a detailed discussion of the patient's painful experiences was not usually helpful in short-term therapy. Consequently, the social workers were directed to focus the discussion on current matters, future plans, and, if necessary, on the contrast between past expe-

riences which precipitated illness and the present situation which might enable him to give up illness. Social service treatment also included helping the patient to recognize his need for psychiatric help—this was particularly true when patients found themselves incapable of making daily decisions, were easily upset, and were constantly speaking of symptoms that showed no improvement—his need for vocational or educational guidance, and assisting the patient in working through the emotional resistance which prevented him from taking advantage of the help that was available to him.

3. *Referrals.*—All referrals were made on the basis of recognized need for the referral by the patient. Discussion preceded the referral to enable the patient to accept the expected benefits. Each referral was followed up to determine if the benefits had actually accrued.

4. *Group therapy.*—Social workers capable of conducting group therapy were afforded the opportunity to do so. The methods and goals in group therapy were those that the psychiatrists decided should be uniform for the clinical section. As a rule, it was expected that the content of the group therapy discussions conducted by social workers would differ from those conducted by psychiatrists and psychologists, since the social workers were specialized in evaluating social situations. Consequently, since it was likely that detailed discussion of anatomy, psychosomatic mechanisms, symptoms per se, etc., should be kept to a minimum, patients who brought these matters up for discussion were advised to discuss them with the psychiatrist. However, it was believed that such matters should not be completely avoided where a brief, nontechnical discussion would be of help to the patient's understanding of his condition and in order to put this understanding to constructive use.

At another Army convalescent hospital, the patient saw the social worker for the first time after assignment to a neuropsychiatric company. This was usually in a group meeting, and the time was used for an orientation talk. The social workers took complete responsibility for the orientation talks, and they explained that they would see each man individually within a few days in order to gather certain necessary information and to discuss with him any problems he wished to bring up. The facilities in the hospital were described, and stress was laid on the fact that each man would be expected to participate in these activities or programs. In preparing his initial interview, the social worker was encouraged to make his own estimate of the pa-

tient's conduct to guide the psychiatrist, whose interviewing time was extremely limited. After experimentation, this institution finally decided upon the submission of a brief report of the social worker's own impression, or on conferences with the psychiatrist without any written material except brief notes.

Each man was interviewed in a routine way upon arrival, and it was the social worker's responsibility to see to it that the patients who were in greatest need of help were brought to the attention of the doctor as soon as possible. Many patients had practical problems, such as lack of pay, lost charts, lost service records, questions on insurance, etc., and the social worker was in a position to alleviate much superficial anxiety either by clearing up the matter himself or by referring the patient to the proper office. Certain cases were usually selected by the psychiatrist for complete work-up, and social histories were requested. While a prepared report form was used, the psychiatrist often indicated the areas he wished explored, and the social worker slanted his report in that direction. Some attempt was made to have social work supervision, and this was generally accomplished by appointing the social worker with the best background and the greatest familiarity with the work to serve as casework supervisor. At this installation, responsibility for the group therapy program devolved completely upon psychiatric social workers.

The functions of the military psychiatric social workers at an Army general hospital were summarized in their Standard Operating Procedure in the following manner:

Effective utilization of MPSW's to their maximum capacity is dependent on the skill of the psychiatrist in discovering areas in which the MPSW can contribute most to the welfare of the patients, and on the skill and flexibility of the MPSW in adapting his civilian background to military needs.

Under the direction of the psychiatrist, the military psychiatric social worker tried to help patients make the most constructive use of hospital resources. Included in these resources would be the services of the doctors, nurses, and clinical psychologists; the educational and recreational programs; the services of the Red Cross; reconditioning sections, occupational therapy, handcraft shop; the chaplain and the personal affairs officer; and the counseling, history-taking, and administrative functions of the military psychiatric social worker himself. Responsibility for diagnosis, treatment, and disposition rested

with the psychiatrist. All patients were seen briefly as soon after arrival on the ward as possible. This initial contact aimed at the following: (1) to orient the patient to the ward and to hospital rules and schedules, activities, and facilities; (2) to permit the patient to ask questions and express his immediate concerns, and to attempt to handle these with him or, where possible, help him take the proper steps to secure the kind of help he needed; and (3) to give the patient the opportunity to know the military psychiatric social worker as a helping person who is available to him and to give the worker a basis for establishing a continuing relationship with the patient.

At another military hospital the psychiatrist expected that the social workers should: (1) act as counselors and friends; (2) meet the problems of a personal nature relative to military assignment; (3) submit progress material to the company psychiatrist and make additions to the psychiatric social history; (4) cooperate with the American Red Cross in obtaining social history material from the community; (5) assume responsibility for some administrative work; and (6) act as leaders in psychotherapy services.

At this installation the chief psychiatrist asked the Social Work Committee to prepare a job description of their duties. Their statement was as follows:

Secures from the patient such social history and information about his army adjustment as will aid the military psychiatrist in formulating a diagnosis and treatment program. Requests social history from the American Red Cross when indicated. In treatment companies of from 100 to 150 open-ward neuropsychiatric patients, where he works as part of the clinical team, composed of psychiatrist, psychologist and social worker, the psychiatric social worker refers soldier patients to the various treatment resources within the convalescent hospital and helps plan individual programs. Under direction of the psychiatrist, utilizes his casework skill in helping the soldier to make use of the hospital resources, to accept the limitations of his illness, and to recognize, manipulate, and adjust to the situational and social factors in his military and civilian environment that are contributing to his mal-adjustment. Records observations of soldiers' adjustment within the hospital setting and utilizes this information in individual casework interviews toward changing attitudes and behavior. Secures progress notes from all units having to do with the treatment of soldier patients. Under direction of the psychiatrist, has responsibility for conducting group therapy sessions. Participates as a member of the professional team in the final evaluation and disposition decision on each patient. Has responsibility for professional administrative-clerical and interpretative problems within each treatment company.

With these examples of casework services which were rendered in several military installations, it appears important to see what social workers learned from these experiences. Perhaps one should say as a primary finding, that casework in the military services gave social workers an opportunity to discover anew the amazing capacity for readjustment that exists within the human being. Working within the framework of a rigid organization with strict limitations of time, many social workers learned how valuable is the brief contact; caring for an immediate problem often resolved great anxiety on the part of the soldier patient. Of necessity, there developed the need to partialize the casework functions so as to accommodate the variety of skills which existed within each social work setting. Because these skills were so divergent, it was necessary to institute in-service training courses, and many social workers were involved in the planning and presentation of such courses. From this experimentation, an ability lucidly to present social work practices and techniques was offered to many social workers who had not previously had teaching experiences.

Another unusual experience brought to many social workers knowledge of the large number of "community services" that existed within the Army; the chaplain, the classification and assignment officer, the personal affairs officer, the Army emergency relief officer, the insurance officer, were all parts of a vast Army structure which could be used in a helpful way.

In the close association which developed between the members of the professional team of psychiatrist, clinical psychologist, and psychiatric social workers there was a mutual sharing of knowledge and skills, and this relationship gave increased understanding of the functions of the other groups to those social workers who had not previously had experience in psychiatric settings. In regard to this same finding, one frequently hears of the amazing amount of psychiatric information which military social workers bring to their civilian jobs. To use this information in a constructive way requires that civilian agencies utilize good supervisory staffs to reorient returning military social workers to practical casework so that they may see themselves, not as "Junior psychiatrists," but as social caseworkers with detailed psychiatric knowledge.

Moreover, social workers had the opportunity to teach others besides patients. From many psychiatrists one hears frequently of the

great value which they place on the services of the social worker. Many are frank to say that they had never used social workers before their military experience and had little idea of their value. Now there is an increased awareness on their part of the assistance which can come from the field of social casework. Clinical psychologists have learned that there is need for a clear-cut delineation of functions, particularly in the application of clinical psychology and psychiatric social casework to group therapy. This joint responsibility in the utilization of group techniques requires further clarification and experimentation, but as social work was able to distinguish itself as an individual skill, independent from psychiatry, so too has it been able to demonstrate that its techniques are divorced from those of the clinical psychologist.

The Army too has learned from its use of military social workers. With great effort, General William C. Menninger was able to establish social work on a professional level within the Army. Although recognition came late in the war, psychiatric social work has now been established as one of the officer specialties in the regular Army, and a training school for military social workers is being established at Brooke General Hospital. This final recognition, after such a long period of individual efforts without centralized direction, means that social work has come into its own because of the valuable contribution it has made to the treatment and help it offered to its clients, the men of our military service.

THE RESPONSIBILITY OF THE PSYCHIATRIC SOCIAL WORKER

I: IN CIVILIAN LIFE

By Imogene Stokes Young

THERE ARE THOSE who believe that the psychiatric social worker can under no circumstances be responsible for the total treatment of the patient, and there are those who believe that she can effectively carry considerable therapeutic responsibility. There never has been too much clarity regarding the functions of the worker, and there have been tremendous variations in practice. The classical theory gave the psychiatric social worker responsibility for contributing knowledge of the patient's social situation and for helping him in relation to his environment. In her traditional role she frequently had responsibility for casework with relatives who often were themselves very disturbed. Beyond this there was a trend toward therapy in the practice of a few social workers, but this broadening of functions did not belong to psychiatric social work as it was commonly defined.

The proportion of workers doing therapy and the number of agencies in which such practice is found are doubtless small. But the work of these few has been sufficiently important to command considerable attention. A survey of the literature of both fields reveals, on the whole, a common acceptance of the validity of such responsibility provided the workers have sufficient training, experience, personal security, and insight to attempt so important a task, and provided the psychiatrist is available whenever the worker may require his assistance. Under these conditions it has been accepted practice in some situations to permit interpretation of unconscious material by the psychiatric social worker.

During the war there was a great demand that the psychiatric social worker and the nonpsychiatrically trained social worker carry on therapy, both in civilian and in military settings. There was at the same time a great need for psychiatric services and an inadequate supply of psychiatrists and psychiatric social workers. Consequently, psychiatric

social workers were often brought into more direct and intensive contact with seriously disturbed individuals than ever before in their experience; short-term contacts became common; the use of group interviewing increased; an informal relationship with psychiatrists of varying degrees of competence existed; and supervisory and agency controls were often weak.

The psychiatric social workers employed by the American National Red Cross ranged from recent graduates of schools of social work to workers who had had long experience. Workers were informed of the tremendous need for their services and of the overwhelming pressures; emphasis was placed on their opportunities to utilize skills to the fullest and to learn new techniques. However, there was little preparation for the transition from the protected setting to the fast-moving military medical scene. With case loads soaring into the hundreds, limited time in which to render service, a minimum of psychiatric social work supervision, and association with psychiatrists of varying backgrounds, all of whom were under pressure, the workers had to grope in making the transition from civilian casework to war-time practice in the military setting.

All workers, whether in domestic or overseas hospitals and clinics, were faced with new demands which, in many instances, exceeded the established boundary lines of the psychiatric social work functions. Psychiatrists confronted with tremendous demands for psychiatric services, sensitive to the needs of their patients and burdened with new responsibilities, often expected psychiatric social workers to assume increased responsibility for treatment. The words of one psychiatrist, repeated from memory by a worker, are illustrative of the undesirable extremes to which this situation occasionally led. The psychiatrist on a crowded ward approached a new worker by saying: "I understand you're a trained worker. I'm up to my ears—I want you to get to know the patients. Get everything you can. Act as my substitute. Six patients need narcotherapy; I'll give the injections, you do the interviewing." The worker explained her inability to conduct narcotherapy interviews, but she did assume responsibility for therapy with many patients on the ward. Sometimes the psychiatrist was available for conference, but on the whole she functioned without his supervision.

Under these abnormal conditions the workers did what they had to do, regardless of the psychiatric social work function. Their pri-

mary obligation was to the patient. Help had to be given immediately to men who needed to release inner tensions by talking at length of their painful combat or military experiences and who needed help in stimulating and redirecting their energies into satisfying and constructive channels. Thus plunged into direct treatment of patients, workers sometimes experienced tremendous anxiety. If they were able to "weather" it, they tried again. Each man's need was too acute to be ignored.

Out of these pressures came new skill in the short-term contact and in group interviewing; in certain situations this shortened the therapeutic process in a way not thought possible in peacetime. Group interviewing occurred both on a planned and unplanned basis, and skills in handling the group were sharpened through trial and error.

Because of the acute need and the demand by psychiatrists, opportunities for doing direct treatment were unlimited. A review of case records and narrative accounts of practice reveal the various degrees of skill with which workers handled these demands. Although it is too early to evaluate the results, one conclusion is that this experience taught the psychiatric social worker much regarding the veteran himself, and the meaning of the combat experience to him, that will enable her to make a constructive contribution, both to practice and to understanding in the future.

In the course of these ventures in therapy the worker continued to fulfill her classical function. She was the link between the man and his civilian life—his home and his family—between the life which had gone before and the life to which he would ultimately return. I can think of no experience in civilian psychiatric settings in which we find more vividly emphasized the role of the psychiatric social worker as integrator between the psychiatrist and the social experience of the patient. Psychiatrists and patients alike recognized the Red Cross worker as a symbol of home.

Through her letters to Red Cross chapters in the patients' home communities the worker had a signal opportunity to give mental hygiene interpretation as she described the onset of the patient's illness which led to hospitalization, his present condition, the need for social history, the outlook for the future, and the importance of his family's attitudes toward his illness. Through this medium the psychiatric social worker could do much to influence the attitudes of communities toward returning men.

In the United States, families who visited a military hospital for the first time, sometimes coming without emotional preparation for serious mental illness, were met at the train and prepared for their first visit with the patient. Fears and anxieties were allayed and feelings of involvement in the patient's illness dealt with. The relationship thus established paved the way for the families to use available case-work and psychiatric resources in and through the Red Cross chapter in their communities. From the standpoint of the broader implications of this service, we probably will never know the degree of influence these families may have exerted in their home communities.

Although many psychiatric social workers were called on to do more than their training had equipped them to do, we believe that on the whole the result was more beneficial than harmful. From a broader viewpoint this experience may well influence the future role of the psychiatric social worker. Some may say that the war was an abnormal situation in which previous standards were distorted, and that we can now go back to the practice of psychiatric social work as we knew it before the war. This belief might be tenable were it not for the fact that psychiatric social work and psychiatry learned much during the war, and this knowledge cannot be disregarded. It can be expected too that changes in the practice of psychiatry may also affect the practice of psychiatric social work. We can assume from the increasing interest in, and knowledge of, group therapy and short-term therapy that these will be two methods, for example, in which the psychiatrist may expect the role of the psychiatric social worker to be somewhat different from what it has been in the past.

The question arises: When does the psychiatric social worker get into territory that only the psychiatrist can handle? For this there is no absolute definition, but the importance of knowing one's capabilities and limitations must be emphasized.

The gravitation of the psychiatric social worker toward therapy is natural enough. Psychiatry offers an intriguing body of information and methodology which continuously challenges the intellectual curiosity of the social worker. As growth and development occur and her skills become more refined, the psychiatric social worker must avoid the temptation to merge her role with that of the psychiatrist; rather she must focus on her special contribution, in which the psychiatrist is not versed. By focusing her attention too sharply on total treatment

responsibilities is it not possible that the psychiatric social worker will lessen the effectiveness of her unique role?

Regardless of whether wartime trends and postwar needs will bring to the psychiatric social worker an increasing responsibility for therapy, there still remains the basic and over-all problem of determining the scope of psychiatric social work and the responsibility for treatment within this scope. We perhaps should not be too dogmatic in defining professional limits in the psychiatric social work field. If the war had lasted ten more years, for example, the field of psychiatric social work might be unrecognizable. It is a fair guess that in time an attempt would have been made to develop adequate training for psychiatric social workers. Pressure of social needs is sure to change theoretical boundaries. With the growth of psychiatry, for instance, the medical profession was broadened to include this new field, while the social work field was broadened to include psychiatric social work. We may predict that there will be continuing changes in demands on psychiatric social work. With the markedly increased interest in psychiatry and the demand for psychiatric treatment, and with the general dearth of psychiatrists, any possible future emphasis on the assumption of total treatment responsibility must be developed pragmatically in practice.

In any case, regardless of the settings in which psychiatric social workers practice, they will deal with "the total man." An analysis of human maladjustments will always require a knowledge of medicine, of psychiatry, and of the social environment. We will need, on the one hand, a synthesis of knowledge and, on the other hand, a division of labor. There are few who are gifted enough to know all fields which contribute to an understanding of, and treatment of, the maladjusted individual. Knowledge of human behavior is complex, but it is inter-related. To fathom the depths of this complexity we have developed professions which attempt to delimit the fields in order to make analysis and diagnosis more complete; but at the same time we should not allow the temporary, transient, and professional limitations to become so dogmatized that we cannot see the whole picture.

Rigid, stereotyped lines cannot at this time be set up for the psychiatric social work function. It would be impossible and impractical to attempt any formulation for over-all practice in view of the need for psychiatric services, the wide divergence in the equipment of

psychiatric social workers, and the varying attitudes of psychiatrists toward the use of psychiatric social workers which, in part, stem from their differing schools of psychiatric thought. It is evident that when workers carry considerable therapeutic responsibility in clinical settings, there is a changing relationship between psychiatrist and social worker in dealing with emotional problems. Enough has been demonstrated and watched as "experimental" for us to give careful study in the immediate future to the practice of psychiatric social workers who assume increasing responsibility in total treatment. It is important that information be obtained regarding where and how such therapy is carried on and regarding the conditions under which the worker participates in it. This information should be analyzed.

One outgrowth of careful study and analysis of this increasing responsibility for therapy might be the recognition of the need for further specialized training to be offered by schools of social work. I suggest that the psychiatric social work curriculum might be considered as the base upon which to add one or two years of internship in special settings for those who demonstrate unusual capacity in treatment and who wish to prepare for this specialized therapeutic work. The whole subject is a matter for joint consideration by psychiatry and psychiatric social work and challenges us to go forward with vision, experimentation, and spirit.

II: IN THE ARMED FORCES

By Saul Hofstein

IN NONPSYCHIATRIC AGENCIES the task of the social worker can be fairly well defined. His skill relates to helping the client make the most effective use of the services provided by the agency, its nature is reasonably clear, and its limits are defined.

The service the client seeks from the psychiatric agency, on the other hand, is neither clear nor sharply defined. He brings a self with which he is dissatisfied and he requests treatment which will change that self. To each clinic worker, regardless of professional background, the client brings the same need for treatment and each worker must be involved in the treatment process. "Treatment," we may say, is the total process within the psychiatric setting by means of which the patient is helped toward more effective living. It includes the con-

tributions of all the clinical groups. The specific therapeutic process aimed at the reorganization of personality is "therapy." Therapy thus becomes a specific aspect of the total treatment situation. Our concern is to consider the responsibility of the caseworker within the total treatment process as differentiated from that of other clinical skills.

Since every aspect of the clinical setting is involved in treatment, does that mean that every psychiatric social worker must be a therapist? Answering affirmatively, many social workers have striven to acquire all the skills of a psychiatrist. They have drawn a thin and wavering line of differentiation from psychiatry according to the "depth of treatment." One writer,¹ attacking the differentiation of function between caseworker and psychiatrist as "born of old shibboleths," describes a setting where each social worker treats patients through the use of interpretation and transference relationships. Working under the supervision of a psychiatrist and performing essentially psychiatric functions, the social worker is placed in a subservient relationship. He cannot compare with the psychiatrist in training or in medical knowledge and must turn to him for help whenever medical factors are involved. With increasing use of the various physical therapies and the development of narcosynthesis the caseworker's responsibility in such a setting becomes even more vague.

Many social workers have not been content with such a relationship. Psychiatrists, likewise, have resented the invasion of their province by nonmedically trained practitioners. As a result, in many settings, social workers have been almost completely eliminated from direct relationship with patients except as history-takers.

They have demonstrated a very real contribution, however, in their work with the families of patients, helping them to understand the illness and to plan for eventual recovery. Here they have had a concrete service to offer, not only related to the clinical setting, but sought by the families, through which they could help the families to become a part of the total treatment process.

Another resolution of the dilemma has been developed within some child guidance clinics. Out of a conviction that a personality disorder does not exist in the child alone, the parents of a "problem child" have been brought into the clinic, not for treatment, but as

¹ Bertram Beck, *Short-Term Therapy in an Authoritative Setting* (New York: Family Service Association, 1946).

clients seeking help with a specific problem. Through his relationship with the social worker, the parent takes part in the treatment process which he has sought for the child. In other situations, the social worker has concentrated on the "manipulation" of the environment while the psychiatrist worked with the patient.

Beyond history-taking is our responsibility for treatment to be limited to two alternatives? Must we either become therapists, or relate ourselves to the patient only through his family, his environment, and his plans for return to noninstitutional life? Many trained psychiatric social workers, entering the Army with that question still unanswered, found themselves faced with it in a more acute form. Superimposed on the problems normally present in a psychiatric setting were those related to the Army. Enlisted men, for the most part, they had to work with psychiatrists who were officers. The volume of patients was unusually high, and resources for treatment were comparatively few. Environmental changes were limited by Army regulations. All treatment had to be conducted under the aegis of an ever present and overwhelming authority which was often an important causative factor of the illness. The extent of the treatment process was determined by the time element and by the limited goals of Army psychiatry, which aimed at early restoration to duty or, when a patient did not show prospects for early recovery, at discharge as quickly as possible.

The first and, for many social workers, the only responsibility was history-taking. While some workers found this a monotonous routine, others began to discern in the process a vital therapeutic contribution. Since it was required, patients could be helped, through giving information, to become an integral part of the treatment process.

Further definition of the responsibility of military psychiatric social workers was difficult. Because of Army regulations, the opposition of military psychiatry, their own lack of skill, and the limited time available, they could not, on the whole, use therapy. In a few situations, under psychiatrists who had used social workers similarly in civilian practice, or where the psychiatrists were not clearly aware of what was happening, some social workers did become deeply involved in therapy. There were workers who came out of that experience with therapeutic skill, but many, forced into such practice without sufficient training, developed a feeling of inadequacy and

frustration from their inability to help the patient. Yet escape from their dilemma was difficult. Since the soldiers were separated from their families, and since the American National Red Cross carried responsibility for contact with the home environment, what was left for them to do as social workers?

A large-scale solution was first developed in mental hygiene units, located in training centers, separate from the hospitals. They were set up as part of the Command for use in work with soldiers who were finding it difficult to perform their military duties. Whatever was accomplished had to be completed within a limited time, be related to the military setting, and show early results in improved adjustment and more effective learning. History-taking was not possible. Here psychiatric social work turned for help to the developments within other areas of social work. From public welfare, work with children, family casework, probation, and other areas they had learned what the social worker could accomplish in helping clients to relate to and use social agencies. Through identification with the agency and work within its structure, the social worker could offer to the client a relationship, responsibly controlled and limited, through which he could get maximum help.

The parallel was clear. The Army was the social institution to which the soldier had to adjust if he was to achieve any degree of balance or happiness. The Army offered the mental hygiene unit as an aid in his adjustment; the psychiatric social worker could help him make maximum use of it. But within the Army there was another element for which there was no clear parallel in civilian life, the pervasive and omnipotent military authority which controlled completely each man's life. It was often in relation to that authority that the soldier's difficulty arose. The mental hygiene unit and the social worker were representative of that authority. Consequently, in working on his relationship to the unit and the social worker, the soldier had an opportunity to be helped in his relationship to the army and its authority. In that capacity, psychiatric social workers could make valid and effective use of their unique skill. Helen Witmer describes that skill: "Their own peculiar task is not in bringing about personality changes but in helping individuals use their own personality strengths to operate in or make use of particular group relationships."¹ An illustration of how that task was accomplished is seen in

¹ Helen L. Witmer, *Social Work* (New York: Farrar & Rinehart, 1942), p. 439.

the following case material drawn from practice in a mental hygiene unit:²

Corporal Jones,³ a twenty-two-year-old high school graduate of above average intelligence, was referred to the unit by the Signal School Commandant because of increasingly poor schoolwork culminating in a "blow up." Defiant and angry, Jones admitted his difficulty and acknowledged his concern over being sent to the unit. "Why here?" he asked, "I'm not crazy!" I replied that our concern was not with "crazy people," but with those who could be helped. Jones denied any need for help. Accepting this, I added that since we had to make a recommendation for further action by the school, we would need to know something about him. How helpful our recommendation would be would depend on what we did together. When he inquired what we wanted to know, I asked where he thought we might begin.

He was concerned with his tendency to "blow up." As we discussed this, Jones indicated a pattern of aggressive behavior dating back to his early family relationships in which he could gain his desires only through outbursts. Rigidly controlled at home he was always in difficulty at school. At seventeen he went to live with a relative. From then on he progressed at school and revealed a high degree of intelligence and creative ability. My comment that the Army caused a resurgence of his earlier behavior evoked surprise and agreement.

Asked where such behavior would get him, he replied rejectedly that there was no hope for him. First accepting this feeling of futility, I then questioned it, asking how, with all his ability he could say that there was no place for him in the Army. He had once started to apply for Officer Candidate School but had torn up his application in a burst of anger. Moreover, his test scores were far too low to admit him to O.C.S. Did he feel those test scores to be a true measure of his ability? He was sure he could do better. I mentioned that we could give him a retest. At first he was fearful of such a retest and of the need to see a psychologist. As the function of the tests was discussed with him, however, his fear was reduced. Could I test him? I told him that the psychologist did the testing. Would he want to see him and then discuss the results with me?

With the psychologist, Corporal Jones at first expressed considerable question about his ability. He was encouraged, however, and his actual performance placed him in the upper tenth of the entire Army population, well above the minimum required for O.C.S. I saw him briefly after the examination. When I remarked that he would next see the psychiatrist, he insisted that would not be necessary since he was not "crazy." There was so much feeling in that repeated denial that I wondered whether deep

² Fort Monmouth mental hygiene unit. For a detailed description of this setting and the caseworker's place in it see Harry L. Freedman, "The Services of a Military Mental Hygiene Unit," *American Journal of Psychiatry*, July, 1943.

³ All names and identifying material are disguised.

down there was not actually some fear. In a quieter mood, after an immediate heated denial, he told of his concern over his "blow up." He did want to go on in school. He knew the work. If only he could be free of such outbursts. I said that we might be able to help him. The next step would involve seeing the psychiatrist, who would evaluate the total situation, help clarify the procedure, and make a recommendation to the school. I described the psychiatrist briefly, recognizing Jones' fear, and suggested that he would just have to risk the interview and see what the outcome would be.

With the psychiatrist, who was given a summary of my impressions and the psychological report, Jones participated in a discussion of his experience and of the factors involved in his blowing up and expressed a desire to continue in school. The psychiatrist felt that Corporal Jones did not present any marked personality disorder, and he recommended continuance at school with follow-up by the unit.

The next interview centered in a discussion of the test results and the psychiatric examination. Jones came to a more direct affirmation of his ability and his feeling that he could go on in the school. Offered a chance to come in again and discuss his work and his application for O.C.S., Jones was at first hesitant. We talked of his difficulty in coming to the unit, as that was related to his difficulty at school.

There followed four weekly interviews centered in Jones' work at the school and his military adjustment. His chief problem appeared to be impulsiveness and a tendency to run through things rather than cope with them directly. These feelings were related to his activity at the unit, his relation to the social worker, and his difficulty in accepting help. As they were discussed, Jones began to show more stability and to get consistently higher school grades. During the next to last interview, he announced that he had decided to apply for O.C.S. I accepted that as a major step, but questioned it in the light of his previous decision. He affirmed his decision even more strongly, adding that he would have to take the chance and see what happened. When I commented that he seemed to be about through with the unit, he was strong in his denial. Then he admitted that things were going so well, he wondered whether there was any need to continue. We decided that that interview would be the last.

The following week, however, he returned to ask for a check-up of the test results. I commented on his coming back and suggested that perhaps it was hard for him to end the contact. Jones discussed some of his feeling about ending the interviews, finishing his training, and leaving the Post. I told him to write me about his progress, if he wished to do so. I did not hear further from Jones, but some weeks later I noted his name in Special Orders for assignment to Officers Candidate School.

In this material we see the psychiatric social worker as an integral part of the mental hygiene unit. Identified with the unit and with the Army authority vested in it, through his unique skill of respon-

sible relationship, he could help the soldier become related to the unit and use its resources toward a fuller use of himself. Throughout, the social worker's primary emphasis was not upon previous history or upon personality change, but upon the soldier's problem of adjusting to the unit, the school, and the Army. Through being related to a specific, limited area of Corporal Jones's life, the social worker could help him utilize the resources of the unit, including the casework relationship, to effect considerable change and to meet his responsibilities.

A similar orientation was found possible within a hospital setting. That has been described elsewhere in detail.⁴ Working in hospital installations with large numbers of neuropsychiatric patients presenting severe symptoms, social workers found that they could make a contribution distinct from that of other clinical skills. The hospital was a social setting in which resources for recovery were available and in relation to which patients had a problem of adjusting. Social workers, through their identification with the hospital, a knowledge of the services available, and responsible use of a relationship with the patient, could help him use those services and make the fullest use of himself within the hospital setting. Their concern did not have to be with the eradication of symptoms and the achievement of fundamental changes in the personality. Rather they could make a unique contribution through helping the patient use maximally, within the changing limits of his symptoms, the hospital experience. Through his relationship with the social worker, the patient was helped to participate in his treatment experience.

What effect the military experience will have on civilian practice is difficult to assess. The situations within which the military social worker practiced are not fundamentally different from civilian settings. In any hospital there is a pervasive authority—that of the doctor. Perhaps in all psychiatric hospitals social workers can help patients relate to that authority and to use the facilities toward recovery. Far too often, social work is limited either to intake or to out-patient and parole departments. Perhaps now social workers can become an essential part of the treatment process, not as psychotherapists, but as social workers. The possibility of using psychiatric

⁴ Greving and Rockmore, "Psychiatric Social Work as a Military Service," *Mental Hygiene*, July, 1944; Saul Hofstein, "Case Work Process in an Overseas General Hospital," *Family*, May, 1946.

social workers similarly in community, industrial, educational, correctional, and other institutional mental hygiene settings appears even more immediate. Psychiatric social work has a real responsibility in treatment, distinct from psychiatry; a responsibility growing out of the experience of the profession in helping people in need to use resources made available by the community.

III: A DISCUSSION OF THE PROBLEM

By Bertram M. Beck

I DO NOT BELIEVE that the problem of how great a role the caseworker should have in therapy is limited to the psychiatric setting. Most agencies become involved in cases in which the treatment goal is the alteration of the client's personality. The major difference between such cases and those seen in the psychiatric setting is most apparent at intake. A mother, for instance, may come to a family agency to request placement for her child. As the process continues, both caseworker and client may come to understand that the mother cannot go through with a placement and that the real problem lies in her conflicting feelings concerning her role as a mother. The treatment therefore centers about this problem. Had the woman gained more insight into her problem prior to referral, she might have gone to a psychiatric clinic, where similar treatment would be undertaken.

I am not speaking of the agency which treats every request for service as an invitation to plumb the psychic depths. I am not speaking of the worker who, upon being asked to supply a client with dentures, feels called upon to examine the castration threat of the withdrawn teeth. That is simply bad practice. Nor am I speaking of those non-psychiatric agencies which frankly accept disturbed clients for what they euphemistically call "casework therapy with psychiatric consultation." The acceptance of such cases is, at the present time, frequently necessary, because of limitations in resources, and service is often successfully completed. In order, however, to eliminate confusion amongst clients and workers we must strive to reach the point where clients who want psychiatric help will be seen in psychiatric settings.

In many situations coming to the attention of the nonpsychiatric agency, neither psychiatric referral nor a simple helping process

based upon the client's initial request is the answer. These are the situations in which the client's ambivalent attitudes are so strong that his need cannot be met until there is some resolution of the causes of his conflict. Frequently, however, the client can accept help only as it relates to her indecision in a particular problem as, whether to apply to the Domestic Relations Court in order to obtain support from her husband. In such instances referral to a psychiatric agency is not appropriate, and the case must be carried by a nonpsychiatric agency. Cases of this type, in fact, constitute the bulk of the load of many family agencies.

The problem of limiting the social worker's role in treatment, then, is not limited to the psychiatric setting. In many instances the social agency has become the poor man's psychiatrist; for the problems discovered at intake are often problems which those in the upper economic levels would take to a psychiatrist. The caseworker in the nonpsychiatric setting accepts this situation in day to day practice and calls upon the psychiatrist as a consultant. While the problem of delineation of role is present, it is not so apparent as in the psychiatric setting, where caseworker and psychiatrist work in the same agency and toward the same treatment goals. Moreover, it is frequently apparent, under those conditions, that they are both therapists.

The answer to this problem lies not in a limitation of the social worker's scope, but rather in a formalizing of concepts of just what a psychiatric caseworker can do. If we say that the caseworker can take histories and can work with relatives of the patient in such settings as the child guidance clinic but cannot be a therapist, we are deluding ourselves. A good history-taking interview is a therapist's job and an important one. Those who have had experience in child guidance clinics know that the real patient is often the parent; and the assignment of a caseworker to work with the parent is therefore an assignment to a therapist's job. The social worker can help the client to utilize the resources of his environment and accept the implications of his illness, but, again, that is not all he can do.

The simple truth of this statement is born out by Imogene Stokes Young's report of the Red Cross experience in which psychiatric social workers successfully carried therapeutic responsibility. Saul Hofstein is quite right in saying that acceptance of such a role places the caseworker in a subservient relationship to the psychiatrist. This

is easily understandable in terms of the historical development of psychiatry and of psychiatric casework and in view of the fact that the psychiatric clinic is, after all, a medical setting in which the physician takes ultimate responsibility for treatment. In the nonpsychiatric setting the relationship of caseworker to psychiatrist is not necessarily subservient. Subservient or not, however, the possibility of this quality in the psychiatrist-caseworker relationship does not justify the denial by social workers of their therapeutic skill or of their obligation to utilize it in working with clients.

I do not, of course, intend to imply that the work of the caseworker is the same as that of the psychiatrist. These are at the same time separate and overlapping skills. Psychoanalysis is the province of the psychoanalyst. Psychosomatic medicine, neurology, medical diagnosis, and various forms of physical therapy are obviously within the province of the physician. When, however, it is competently established that a client is in need of a series of therapeutic interviews, the psychiatric caseworker can often assume the responsibility. I cannot even draw that "thin and wavering line of differentiation in relation to depth of treatment" because I believe that this must be determined in relation to the particular patient and the particular therapist.

In the Army mental hygiene unit in which I served we developed an approach to our patients that was very different from the one outlined by Mr. Hofstein, although the clinic setting was similar to the one described, and our treatment goal was the same. On each man referred to the clinic we obtained a good deal of historical information. This was studied by a psychiatrist and a psychiatric caseworker, who made a social diagnosis in which analytical terms were used to explain why the man presented a problem and what treatment was necessary to restore him to maximum effectiveness. Such treatment might include environmental manipulation and therapy.

Therapy was most successful with situational neurosis. With the deep-seated neurosis we relied heavily on environmental manipulation to allow the soldier to regain his psychic equilibrium without personality change. Such environmental manipulation on a psychiatric basis offers an additional area for the psychiatric caseworker. We too found that social workers with no psychiatric experience could, after a period of not too intensive training, be good psychiatric workers. This was because: (1) the social worker had worked on similar problems in a nonpsychiatric setting in a manner already

described; (2) the social worker had a helpful theory of personality, most often with an analytical orientation; (3) he was accustomed to working with neurotic personalities even though he had never been in a psychiatric setting; and (4) the accent on restoration of social function was well within the social worker's area of competency, since he had special skills in evaluating the individual personality in relation to his environment.

Our therapeutic approach was not always primarily concerned with the Army situation because often the patient's problem bore scant relation to the military setting. For instance, a soldier referred because of inability to relate to others in his organization might well relate a lifelong history of seclusive behavior having its wellsprings in childhood situations. We did not feel that such behavior could often be altered on the level that Mr. Hofstein suggests. In reference to the problem of authority in the Army, we did not think that acceptance or rejection of authority was a problem for all our patients. Even where it was, we saw no gain in having the patient act this out in the interview. Instead, we attempted to set up our clinic in such a way that the worker as an authority figure was minimized and was left free to help the patient, if need be, to work through his feelings about Army authority in a situation removed from it.

The case which Mr. Hofstein presents is an example of real help offered through a skillful use of resources and therapeutic interviews. The term "therapeutic" is used advisedly since, although Mr. Hofstein rejects "fundamental change of personality" as a concern for caseworkers, he does recognize "considerable change" in his patient. Caseworkers do not feel that their job is to produce a "fundamental change" in all cases or even in most cases. Caseworkers should be free to help the patient, within his limitations, to make such change as is necessary—call it fundamental or considerable. There is no objection to utilizing the techniques described by Mr. Hofstein when they accomplish the casework goal. There are objections to limiting ourselves to such techniques.

Although Mr. Hofstein is critical of caseworkers who would use interpretation and transference, both interpretation and transference are utilized in the case cited. The patient is helped to relate, for instance, his Army behavior to his behavior in early childhood. A strong positive transference is established, as denoted by the patient's

desire to have the worker test him. Transference, of course, exists whether the caseworker chooses to recognize it or not, and his only choice is whether to attempt to use it as a constructive force or to ignore it.

The caseworker's more direct entrance into therapy in many Army settings was in addition to his more basic and familiar role of mediator between individual and environment. It was determined by the psychiatrist who used the caseworker in roles he thought suitable. Many psychiatrists who had little contact with social workers in civilian settings were surprised at the skills offered and only too willing to utilize them. Others felt themselves threatened by the duplication of skills, or resented the psychiatric caseworker for other reasons. Social workers, on the other hand, were afforded a broader view of the field of psychiatry. Many social workers who had worked with highly trained and extremely skillful analysts in urban settings worked with psychiatrists who came to the Army from neurological and institutional practices which had afforded little opportunity for work with the neurotic individual on an out-patient basis. Such psychiatrists found that they had much to learn from the psychiatric caseworker in dealing with the type of maladjustment seen in the Army mental hygiene unit.

Considerations such as these took the emphasis from the occupational title of the therapist and placed it on the skill of the therapist. The difference in therapeutic skills of individuals was recognized in the setting I described, and thus the less skilled worker was protected from the frustrations described by Mr. Hofstein. Both psychiatrist and caseworkers gave up the semantical juggling act of calling therapy "casework therapy" when it was done by the caseworker, and "psychotherapy" when it was done by the psychiatrist—when, in many instances, it was the same process.

This, I believe, is the crux of my disagreement with Mr. Hofstein and my agreement with Mrs. Young. I do not think that we should set up a definition of social work in which we leave out a therapeutic skill which many workers have acquired and can use. To do so, ignores the historical dynamic that has expanded social work in this direction. Since we have found that a large group of social workers have developed as therapists by building a body of knowledge and skill on a basis of generic casework, we must formalize that educative proc-

ess so that social workers may receive such training as part of our general structure of professional education rather than through a series of fortunate accidents.

The profession owes Mr. Hofstein and those who adhere to his point of view a debt of gratitude for helping us to see the importance of an acute awareness of agency function and its relation to worker and to client need. In many ways, individual workers have misused the role I have outlined for them, and such errors in practice are sometimes mistakenly imputed to the entire profession, with a consequent demand for a limitation of function. Social workers in practice can use the methodology outlined by Mr. Hofstein to good ends, but I do not believe that they can use it exclusively.

IV: A FURTHER CONSIDERATION OF PSYCHIATRIC SOCIAL WORK

By Grace F. Marcus

WE HAVE VENTURED on an ambitious undertaking—to examine the psychiatric social worker's responsibility for treatment. In effect, we are trying to see what the psychiatric social worker's job is. In theory and in practice that job varies in a way that should deeply concern all of us. In some instances the psychiatric social worker is merely the psychiatrist's executive assistant—his collector of routine histories, his performer of odd chores, his undefined alter ego. In other instances the psychiatric social worker is the psychiatrist's collaborator, free to do anything outside the magic circle enclosing him and the patient, and to call it casework. In still other instances the psychiatric social worker is permitted or asked to fill a psychiatric void and to engage in therapy, sometimes under the psychiatric wing, sometimes not. Psychiatric social workers have tolerated this ambiguous state of affairs, preferring its dangers to the possible restriction that might be imposed on their scope if jobs were more precisely defined. On the whole, we have chosen the adventures involved in letting the psychiatric social worker's job be determined by the particular psychiatrist and the particular psychiatric social worker. When there has been an affinity between the two, it has been wonderful; when they have stepped on each other's toes, the psychiatric social worker has

moved to another job in a search that is still hopeful of finding the particular affinity. We call this adventuring experimentation, but perhaps we need now to stop and see whether we can afford to continue in this way.

There are not enough psychiatric social workers: more need to be trained. But trained to do what? To be collectors of routine histories and manipulators of the environment? To be substitute therapists? Suppose we leave it to young graduates and fate to decide what they will do? Can we afford to let psychiatric social work and its development be exposed to the decision of individual workers that therapy is their long suit, whether or not they are properly trained for it, whether they have passed any test of their competence, whether this therapy is what the common run of jobs calls for? How are we or the schools going to decide what reliable training is unless we can say for what responsibility the student is being trained? With such variations in theory and practice how can we even tell what training psychiatric social workers are now getting? But our problem goes further than this. If we hedge about the responsibility in the psychiatric social worker's job, how are we to see that psychiatric clinics and hospitals set up jobs properly, give their workers a chance to perform the duties they are there to perform, allow them to be of service? Unless jobs are defined, how are psychiatric hospitals and clinics going to know whether given workers are really good or bad and to be responsible for the service they render? Unless jobs are defined, how are psychiatric social workers to be protected against bad working conditions, against the waste of valuable experience in impossible job situations?

We are not yet done with the problem in our indecision about what the psychiatric social worker's responsibility is. Public hospitals, whether for the care of civilians or the care of veterans, should be setting up psychiatric social work jobs. To do this properly, they should be setting them up with clear knowledge of why the psychiatric social worker is needed, for what the psychiatric worker is needed, and under what conditions the psychiatric social worker can really perform the expected task. We must not go on leaving all these questions to a lottery. Whatever else we disagree on, we all agree that the psychiatric social worker's contribution is so essential, so important, that organized psychiatric care cannot be effective without it. Therefore we have tried to look more closely at this respon-

sibility of the psychiatric social worker, to see what it is. We have limited our examination to what this responsibility is in the worker's relation to the patient himself. We have focused on what psychiatric social workers did in the military setting, where frequently they had to create their jobs in the midst of extraordinary pressures.

Imogene Stokes Young has said that our concern with the extent of the psychiatric social worker's responsibility for treatment requires the defining of the borderland between the responsibilities of the psychiatrist and those of the psychiatric social worker. One trouble with this suggested enterprise is that the responsibilities of the psychiatrist also vary from psychiatrist to psychiatrist, and therefore this approach to our problem lands us in shifting sands. I remember that some years ago Dr. George Stevenson, of the National Committee for Mental Hygiene, engaged in a free and roving discussion with me about the distinctive difference in the responsibilities of psychiatrist and social worker. I tried very hard to differentiate the psychiatric social worker's responsibilities. Each time I framed a possible definition of the social worker's job, Dr. Stevenson commented, "But those are things some psychiatrists do." I tried again and again, and every time his comment was the same. There seemed to be no escape from the variability of psychiatric interests and activities! At the unsuccessful conclusion of this discussion Dr. Stevenson remarked that it would be a grave mistake for the psychiatric social worker to give up a peculiar responsibility for helping the patient in dealing with some of the practical problems in his living. I heartily agreed but at that time I missed what I now see in his remark—the key to the puzzle. For I am now convinced that it is not by drawing a boundary line between psychiatry and psychiatric social work that we shall settle what the psychiatric social worker's responsibility for treatment is. We cannot solve the problem by comparisons of variables. We can settle the question only by examining what it is the psychiatric social worker as a caseworker can take responsibility for in the service of the clinic or the hospital to its patients.

From the very start, the practice of psychiatry as we know it has had an almost irresistible magnetic pull for the psychiatric social worker. There is nothing strange about this, for it was in the psychiatric and psychoanalytical fields that dynamic understanding of individual psychology developed, and casework was acutely in need of that understanding. In close contact with a lively growth in psychiatric knowl-

edge and skill, it was inevitable that psychiatric social workers could find the processes of therapy a more compelling interest than the task of converting casework from a combination of psychologically barren techniques and procedures into a process itself psychologically related to the patient as an understandable individual. Therapy seemed the intense and pure essence; casework, an uncertain feeble activity, inferior in potentiality and power to serve. In addition, until fairly recently psychiatry knew more about the unconscious parts of the personality than about that part which takes responsibility for the individual's actual, practical living—the ego or self—so that what the psychiatric social worker could learn from psychiatry still seemed to have little usefulness in casework. The psychiatric social worker has thus been conditioned to looking to another profession for the main source of light. In spite of the yearning to do therapy, the ground on which the psychiatric social worker has stood is that of being the link connecting the treatment of the inner personality with the problems of that personality in its relations to everyday living. It is in a casework that recognizes responsibility for helping the patient to find his answer to these practical problems that many of us believe that psychiatric social workers must find their own independent, indispensable contribution to the total treatment scheme.

As Saul Hofstein has defined it, therapy aims to help the patient achieve a different organization within the self. Through this reorganization and reintegration the patient is enabled to respond to other people, to enter into relationships, to manage his situation with a more reliable sense of what is real in himself and in them. Casework, on the other hand, works with whatever powers the patient has to decide and act for himself in his immediate situation. In the psychiatric setting we might say, then, that therapy as practiced by the psychiatrist aims to assist the patient to recover and reorganize the power in himself, to get hold of it again, and the caseworker helps the patient to exercise this power and learn how to use it in gaining more satisfactory control of his living. The functions are complementary and equally important. The patient cannot stay in the magic circle of therapy even within the hospital: even within the hospital there is an environment he has to meet and with which he has to cope. Whatever new power is developed within him, he has to find a way of using in behalf of his own recovery. He has to find a way of functioning differently with the new strength, and to leave this to chance is to

risk an arrest or a relapse in his inner progress. The caseworker really uses the outer necessities for living that confront the patient as the basis for helping him, even as the therapist uses the patient's desire to find a way out of inner fear and pain as the therapeutic dynamic. Mr. Hofstein's case illustrates this. Corporal Jones is not getting on at school, and he is informed that some action has to be taken by the school. The worker recognizes that Jones has a concern about what this impending action will be. Disturbed as the young man is, the part of him that wants to have a say in his own fate comes to the fore, and it is to this responsible, active part of his self that the worker constantly relates. Throughout this brief process the worker helps Corporal Jones to bring into focus whatever concern he has to act and decide in his own interest, that is, to function in his own right. What the social worker is assisting the client to do is to use all the power he has to act in a situation that is present and inescapable. The job that is performed may look outwardly simple, far less challenging than getting into the inner psychological works, but it carries a high distillation of skill; that skill is the peculiar independent skill of the caseworker, and it bears fruit in the young man's moving out of fear, anger, and frustration under his own steam.

Bertram Beck uses the word "therapy" loosely, and I have the uneasy sense that he is willing to have diverse activities in shifting combinations sheltered under the psychiatric social work umbrella. Far from clarifying for us, for the social work schools, for psychiatric hospitals and clinics, and for psychiatrists, what psychiatric social work is, this habit of mind and speech perpetuates confusion. I have the impression that some of us are not satisfied that casework can be effective help unless it is "therapeutic," that is, unless it serves the self-same goal as the different practice of psychiatric therapy. Such a view denies the specific and unique helpfulness that psychiatric casework may achieve in enabling the patient to use whatever inner resources are at his command to make the moves and decisions, to take the action with which he is immediately faced. We need to separate our various questions in order to look at them squarely. Are casework and therapy different? If they are different, is the psychiatric social worker prepared by training to do both, or should there be a recognized difference between training for psychiatric casework and training for psychiatric therapy? What basis have we for believing that a psychiatric social worker can ethically undertake to practice the psy-

chiatrist's therapy without the psychiatrist's training? If we mix casework and therapy in one practice, how are we to take responsibility for either practice or training in this hybrid?

But let us come back to psychiatric social work. The development of psychiatric casework as an independent, essential complement to psychiatric treatment is in its infancy. It is an infant the psychiatric social worker—with an eye on the glamour of an adolescent therapy—may sadly neglect. The extraordinary, subtle potentialities in casework are yet to be understood by the psychiatric social worker who is caught in the exotic fascinations of therapy. Social work has no sound way of training psychiatric social workers for a practice belonging to psychiatry proper. There is no legitimate future in a psychiatric social work that becomes a pinch-hitter for psychiatry, a kind of stop-gap encouraged or tolerated because of a lack in psychiatric personnel. None of us, I am certain, would want to develop as a parasitical growth on psychiatry. But there is a more important question for us to ponder. If we are indispensable links between the psychiatric patient and his troublesome reality, what are we doing when we minimize this task? How can we ethically cling to this foothold in the treatment scheme only for expediency's sake and neglect its importance and turn away from the responsibility of developing it? Who will develop it if not we? Psychiatric social workers have an obligation to playing our part in the growth of casework as a separate, socially necessary service enabling the individual to realize the strength of the inner self in active, responsible, self-fulfilling living. Psychiatrists have belonged to a branch of medicine that was underrated, lacking in medical prestige, weak in its capacity to perform. If we want to take the proper leaf from their book, we might see that our job is to develop psychiatric casework, give its potentialities a similar faith and effort, and cultivate its independent powers to help the individual express all that he has in mastering himself in his unavoidable relation to reality. Enough psychiatric social workers have pursued this path to justify the conclusion that psychiatric casework can have a peculiar and valuable influence of its own, possess a unique and challenging skill, and relinquish without a pang its pretensions to therapy because its own usefulness proves undeniable and indispensable.

WORKER AND CLIENT RELATIONSHIPS

By Grace F. Marcus

THE HISTORY OF RELIEF-GIVING records a many-sided conflict about authority in the relations between givers and receivers. Even today the conflict persists, and for a simple reason: it still dwells deep within our minds and within our social institutions. During the last twenty years social workers made advances against a darkness at the heart of this problem in relief-giving: we identified many of the cross-purposes between worker and recipient. While we were in the midst of these discoveries, the Social Security Act ushered in a new method of relief-giving, public assistance. As rule and regulation gave direction to public assistance, it became evident that the public agency was now subjecting the relationship between worker and recipient to an unfamiliar discipline and setting up a pattern in which there no longer existed the particular freedom we thought necessary for the worker in relationship to the individual. So intricate was the network of agency policy and procedure that at first we could spare little attention for any but the immediate difficulties of working within them. In this preoccupation we easily missed the prime source of our trouble in establishing a relationship according to our customary formula.

The conspicuous change in the method of relief-giving lay in the use of agency policy, but this change was secondary to a far more important change. The underlying purposes animating policy in public assistance were different in essential respects from those of previous relief-giving. We were right in fearing that the worker-client relationship we sought could have no place in public assistance. We have been slower to realize that the purposes behind the Social Security Act, and therefore behind public assistance, dictate more than the abandonment of the old relationship. The philosophy of social security dictates a relationship between worker and recipient so radically different from any we have known that in its strangeness we can fail to recognize that it is a relationship. The changes are changes in the status of the recipient and therefore in the status of the worker. Before we can judge the merits of these changes, we must

look again at the old conflict about authority in the relations between the givers and receivers of financial relief.

Our cultural heritage fixes an indelible stigma on financial dependency. According to ideas and feelings descending from the past, extreme poverty is the economic fate ordained for those lacking the stuff to meet the challenges and strains of living. This social code has taught us that the average person can pay his own way if he uses his brains and brawn and has the stamina to triumph over adversity. We may admit as exceptions to the rule the innocent victims of overwhelming misfortune and the young who have never had a chance, and yet we believe that as a class the destitute have usually created their own condition by turning their backs on responsibilities and opportunities open to all who will embrace them. According to this argument, even if a socialist millennium were to raise the dependent out of their abyss by main force, most of them would sooner or later sink back into its depths, under the weight of their innate inadequacy. Nor should their situation distress us unduly: their very manner of life proves that they do not seek or value the standards necessary to other people, and that they often do not see any problem in conditions that seem unbearable to the more sensitive observer.

This combination of deep-rooted prejudices has consigned the destitute to an outcast category. The state of need has been a state of undefined, hovering guilt, the penalty of personal weakness and failure. For any lasting improvement in their lot the destitute must have, not only financial relief, but rehabilitation of their characters: their affairs and relationships must be supervised, and their whole mode of life regulated. The moral climate in which we grow up disposes us to accept the necessity for such treatment without question; for when people lose the means to support themselves, they forfeit automatically the ordinary adult status with its personal rights, responsibilities, and privileges.

In this tradition, the poor inflict the burden of their support on the rest of us. Since they force the community to pay for their keep, the least they can do is to conform to the community's standards and submit to a tutelage that will assure the conformity. Custom requires that the dependent yield jurisdiction over their private living in the inescapable necessity for obtaining the wherewithal for survival. What happens under this system is that the individual who is inferior by reason of his need falls under the authority of the individual who

is superior by virtue of his power to satisfy or deny that need. What is demanded from the recipient amounts to a surrender of self to the giver. The terms on which relief is given deliver the dependent into a kind of personal servitude. The bad results of this relationship have given relief-giving its ugly reputation: the recipient wages a battle, sometimes overt, sometimes secret, against the giver, in blind and reckless defense of something within himself that cannot be possessed, controlled, or negated. This characteristic resistance of recipients has lent the guise of indisputable truth to prejudices from which we might otherwise have freed ourselves long ago.

It required the depression to shake the stranglehold of traditional doctrines with sufficient force for a different philosophy to gain popular support and the sanction of law. During the thirties mass unemployment and mass need invaded the domain of the previously secure and shattered the illusion that each man can be safe against want if he but have the will and the wits. The terrifying disappearance of jobs and savings demonstrated that life is subject to risks beyond the individual's ability to forestall or survive by his unaided devices. Millions of people learned by experience how economic helplessness can paralyze those whom it strikes, rob them of the power to carry out their natural responsibilities. A moral rebellion spread through the population against a loss proving to extend beyond loss of income, threatening extinction to all in a man that justifies human existence for himself or others. People who had dismissed the pain in dependency lightly, thinking that idleness on relief must be a tempting escape for the lazy, discovered otherwise. Dependency can be a state in which the individual is no longer himself, and idleness an engulfing void in which he is stranded. It had been easy to view work as a harsh necessity. Now the unemployed realized that work—even disagreeable work—provides more than a livelihood to the individual: it provides as well the test of his adequacy as a person, the support for his role in relationships vital to his self-respect and his affections, the assurance everyone craves that he is both necessary and useful in the scheme of things, the medium for creative expression of his abilities. The majority of people in this country denounced dependency as a possible way of life and repudiated financial relief as a solution of the problem. The great mass of the population united in agreement that economic want was an evil condition not to be tolerated in a civilized society. When in 1935 the Social Security Act was passed,

it was supported by passionate convictions born of a new and profound revolt from the complacency of the past: Destitution is a condition that our society cannot afford for any of its members; since there are risks in life too grave to be left to individual chance, all the people must share responsibility for one another's protection against them; protection against want must provide for more than physical survival of the individual and safeguard that which gives him his human value and dignity—an opportunity for responsible functioning in a life under his own control.

These convictions about social security create directions in assistance policy diverging sharply from those of the past. Once we recognize the common economic hazards to which any individual may be vulnerable, we no longer have any good reason for dealing with the dependent as a group predestined to dependency by their inborn deficiencies. When we emancipate ourselves from the clutch of prejudice and cease to classify the destitute as a separate subspecies of *genus homo*, we may expect to find the same kinds and degrees of individual difference among them as in the remainder of the population, and to be perplexed by the same mixtures of the good, bad, and indifferent. These changes in what we find are conditional on a more difficult, because it is a fundamental, change. The fundamental change is recognition of the undiminished right to free and equal status of people who are economically dependent. This is a hard proposition, apparently at odds with all our experience of those who request or receive financial assistance: we know only too well the weakness and helplessness of people in need. Yet if we concede the state of economic want to be an evil state, we must prepare ourselves for the further discovery that the patterns of so-called "emotional dependency" are natural human reactions to its evils.

To understand the impact of financial dependency on the individual, we must consider some of the influences that motivate his development toward a self-sufficient, self-responsible maturity. Early in infancy, training is directed toward enabling the individual to perform for himself innumerable small services that others have performed for him—in the various realms of feeding, dressing, identifying his needs, and regulating his behavior. The advance toward self-management is impelled at each step by the gain the child realizes for himself in giving up the passive pleasures of being cared for. Each effort is rewarded by some small access of a new security in not being

helplessly tied to the saving presence, good will, or power of others. The growing individual develops a freedom to know for himself what is practical and permissible, and to enter into action without always having first to obtain the aid or consent of another. As he acquires experience, he becomes increasingly capable of foreseeing and measuring consequences and of making choices and decisions in relation to probable results. There is, of course, always a struggle in the course of this development—to obtain the advantages of freedom and independence without the outlay of effort, without the assumption of responsibility for oneself in relation to others, without earning what one needs and desires—and difficulty or failure may overtake any individual at some stage in this struggle. The point to be emphasized is that in our culture the value enticing the individual up the steep ascent to adult development is the value of independence to him. He learns from every phase of his evolving experience that his right to free choice and action, his opportunity to decide which of various ends mean most to him as a person, his chance to say what he will give up and what he will hold on to as the more important consideration in any set of circumstances, hang on his independence of others and of their voluntary help. In this deeper sense, self-dependence becomes his shield against the fear and dependence always potential in having to rely on others. In a democratic society this development is a high desideratum. According to our moral scheme, a life in which the attainment of this functioning is not possible to the individual is not a good life for him or for anybody else. But the meaning of this personal development for the individual embraces more intimate, indispensable values: his own individuality springs out of the peculiar kind of independent functioning he has achieved, and it is on maintaining this functioning that his sense of his own personal identity rests. This pattern of self-reliant operation is himself in action—as he exists in reality and is distinguishable from others. However faulty his self-dependence may be on it is built the individual's self-respect, his title to acceptance as a person, his very right to be himself and to make a life of his own.

In childhood, so long as the individual is compelled to ask and receive, he is in that degree exposed to the interference and dictation of others, and is not free: his judgment and his choice are subject to another's question and restriction, and his initiative is hampered by the possible objections or contrary wishes of those on whose help he

must still count. The prized standing of an adult comes from self-sufficiency as an earned status. The grown-up's right to be responsible to himself alone is predicated on his ability to live his own life without having to ask anyone for anything for which he cannot make some sort of return. Throughout the earlier course of development self-responsibility has been both the means and an end, the purpose animating the evolution of habits, character, relationships, abilities, and skills. In adult life, one culmination of this long growth is earning one's own living and meeting one's own needs; and one of its most valued rewards lies in the freedom to manage one's money as one thinks best.

Economic dependency reverses this normal process of personal development, thrusting the adult back into the helplessness and passivity out of which all his training was aimed to take him, forcing him again to rely on a relationship for the necessities of life. The loss of money to live on disables him in using the capacities so painfully acquired for dealing with it. The disappearance of ordinary resources blocks habit in its daily operation and cuts off ordinary modes of action. The wherewithal for carrying out usual responsibilities vanishes. Common-sense judgment lacks its customary ground for measuring consequences and knowing how to proceed. The confusion and vacuum caused by the shrinkage or disappearance of money to meet essential expenses begins to disintegrate the individual's reality and precipitates a corresponding disorientation and disorganization in him. This submergence of the active, planning, responsible part of the personality has in the past been attributed to defects and abnormalities peculiar to the dependent rather than to abnormalities and defects peculiar to his dependent situation. Now we are seeing this reaction as the unavoidable reaction of any person to a collapse in the economic foundation of his life. Proceeding on this latter theory, the new purposes in public assistance are to make available to the dependent individual the economic elements necessary to his rebuilding his reality, and to do this in a way that will enable him to re-establish himself in active relation to it. No longer do we treat him as a wreck because his private economy has been capsized, nor as a person without the ability or right to think, act, and decide for himself simply because he is at present handicapped in doing so.

I mentioned that the purposes of social security dictate a new relationship between worker and recipient by changing the status of the

recipient and therefore of the worker. Let us see what means are used to bring these changes about. First of all, defined eligibility requirements recognize the legitimacy of need and of assistance to the individual for meeting that need. They say that the public furnishes the funds for this purpose, and that if the individual qualifies, he is entitled to aid. Requirements are the same for all people in similar circumstances, not made by workers to suit their whims of the moment. Something in this removes a jeopardy that has previously existed. Knowable, objective requirements that bind the worker as well as the recipient give each an impersonal ground on which to meet. The very nature of eligibility, strange and hard as it may be in other ways, releases the individual from the old fear-ridden dependence on the chance sympathy, approval, or discretion of a worker: the fixed character of eligibility relieves him from the oppressive necessity of establishing his good character or justifying his personal behavior or deserts. He no longer has to depend on a precarious relationship for the very essentials of existence.

The provision for a fair hearing adds strength to this different status: it delivers the individual from bondage to an absolute power in the agency to grant or deny assistance. He may demand review of actions affecting him unfavorably if he doubts the soundness or justice of the decision taken by the agency in rejecting his application or in determining his payment. He may thus hold the agency accountable for its data and judgments, as it holds him accountable for his facts and proofs. The relationship between him and the agency becomes one of reciprocal responsibility: if the individual is obligated to establish and maintain his eligibility in correct and honest terms, the agency is obligated in turn to give him adequate opportunity to understand these terms, to satisfy them if he possibly can do so, and to know that he is getting the full amount of assistance due him.

The protection of confidential communications safeguards his status in still another way. He is responsible for providing the private information necessary to establish his eligibility, but the agency must restrict its use of this information to the purpose for which he gives it. The agency may not let his affairs become public property nor let his personal status or welfare be damaged by disclosures about them. When hostile neighbors or relatives or authoritative agencies in the community cannot obtain private information about him from the

public welfare agency, they may no longer use his dependency on relief as an additional weapon against him.

The claim to the free use of his payment protects his status in another vital respect. Once the agency determines the payment, the money belongs to him. He is free to decide for himself how he will spend it and, having spent it, he is free of any necessity to account for its use. Thus he is liberated from an agency supervision that formerly denied the dependent possession of his payment, and denied him also that responsibility for handling his own money which, in our culture, is associated with legal maturity and mental competence.

These safeguards sustain the individual's status at a juncture when failure in his economic reality threatens that status most in his own eyes and those of others, but the dynamic virtue of these protections can become effective only as the worker's whole relationship to him is faithful to the spirit as well as the letter of the law. In applying for assistance the individual has come to grips with two of the most unwelcome facts in human experience—the inability to care for oneself and the necessity for asking organized aid: the individual has taken hold of the shattered reality of his situation and moved into action. He has, however, every reason to dread what is ahead. In seeking assistance he confronts an agency with odd and complicated ways of proceeding. He cannot know what is available to him and on what terms. He risks the possibility that the agency will play a disturbing and unpredictable role in his intimate affairs, and that he will have to bear an influence operating at the core of his living according to unintelligible and unforeseeable rules. He runs the danger that he will unwittingly run afoul of its authority and lose an aid without which he cannot exist. There is always the chance that before he knows it, control of his life will have passed from his hands into those of strangers. These fears are not irrational: relief-giving agencies have worked in this way, and he, like everyone else, has been raised in prejudice against the dependent and his dependency and has now either to fight against, or to succumb to, the dependent's fate.

To maintain the independent status and the equal relationship between recipient and worker required to fulfill the purposes of social security, the worker must learn how to meet the needs of the active, self-directing part of the individual's personality so often hidden under the fear, confusion, and disorganization he has been ex-

perienicing. The ability to do this hangs on the worker's understanding and conviction that the individual's dependency and his reactions to it do not mean that he differs basically from other people in the desire to think, decide, and act in his own behalf, even though these capacities may have suffered temporary disuse and eclipse. In this conviction the worker can believe that, despite the applicant's outward disorientation, he knows more about his affairs than anyone else, and that he also knows more about his problems and feels them more keenly than any outsider can. In respect for him as a person who has somehow succeeded in making his own way up to this point, the worker is willing to recognize his continuing resistance to asking or receiving assistance, and, if need be, to consider seriously with him whether he wants to pursue some alternative. Even if his situation offers no alternative, the applicant has the right to decide what is inevitable for him and whether he can and will embrace it. The worker who respects the individual can no longer treat him as a member of a peculiar species for whom dependency is either a readily accepted or comfortable state; for whom the low standards of subsistence should be sufficient; and for whom there can be no legitimate question about doing the various things that would enable the agency to know accurately what it can do to aid him. In meeting him as a person in his own right, the worker is prepared for that infinite variety of individual differences that distinguish each of us from the rest. Out of a knowledge of human motivations, the worker realizes that the recipient is like other human beings in resisting at one and the same time the hardness of responsibility and the total surrender of it to anyone else. Also, like other human beings in all walks of life and all states of grace, the recipient has to discover for himself what responsibilities are his and what he will do about them: he alone can choose his responsibilities—and, only after he is convinced that by coping with their difficulty he will achieve some good and essential purpose of his own.

For the worker to hold such beliefs and to act upon them is to transform the providing of assistance from a routine—reducing the individual to a collection of eligibility characteristics and fractional items of need—into a service sensitive to him in all his human value and dignity. The simple elements of this process develop a significance crucial for the survival and reorganization in the individual of powers as vital to him and society as physical existence itself. When the

worker develops skill in enabling him to understand eligibility requirements and offers him the opportunity to use his own intelligence and resourcefulness to obtain the necessary information, the applicant begins again to function on his own initiative. If the worker is aware of the points at which he seems beset by uncertainty and a sense of insurmountable obstacle, and can recognize with him that he has questions about what course to take or how to take it, the individual is on his way to the reassuring discovery that he is still his own man, entitled to his own feelings, and responsible for his own decisions. To the degree that his present arrangements are unsatisfactory, he may know what the agency can do under other circumstances and weigh his choices of future action. The worker may dispel in two ways the individual's fear of an enveloping, undefined regulation of himself and his living: first, by discussing with him the agency's responsibility for providing assistance and information about other organized services according to possible changes in his situation; and second, by explaining the part he has in reporting shifts in his circumstances that may affect his eligibility or the amount of his grant. Through this understanding he is enabled to control his role in relation to the agency. On this basis of consideration for him as a person, the recipient can feel free to take up with the worker difficulties that disturb him, and in which he, like the rest of humankind, may be caught by conflict between a present trouble and the effort it would cost him to deal with it. If the worker has the conviction and the skill, service to the recipient in such predicaments can proceed with fidelity to the same principle: that latent in every human being is the capacity to find his own right decision between contrary desires and to struggle against impediments for the goal of his choice.

In public assistance as in previous relief-giving, lively ghosts of the past boldly walk in the broad daylight of the public welfare agency and its surrounding community. For example, we have the prejudiced assumption that parents who cannot support their children are by that token lacking in the desire and capacity to bring them up properly, and need the agency's supervision. The definitions of relatives' responsibility may strike some of us as economically obsolete, calculated rather to yoke the younger generation to the burden of family dependency than to permit them a normal personal emancipation and a fair opportunity to escape from an inheritance of insecurity.

The ghosts of the past still walk, and the challenge is to identify them for what they are in the light of newer purposes. As we grasp these purposes and bring them to realization in a firmer status for recipients and in an equal relationship between recipients and workers, we shall be creating a service that will rest, as any governmental service in a democratic society must rest, on full recognition of the rights, responsibilities, and privileges of the individual. This is a service calling for casework related to the capacity in the individual, and freed from the superiority-inferiority conflict—the struggle about authority between givers and receivers—that has in the past limited the use of casework so largely to those rendered helpless to refuse it. Our present position in public assistance is this: we have a law inspired by new beliefs in social security, and in the value of social security to human beings—social security not as an end, but as a means to self-responsible, self-fulfilling living. Our particular responsibility is to make that law work to its ultimate purpose, not simply in its dry, legal letter, but in its spirit of staunch confidence in what each man can want and do for himself.

THE VETERANS ADMINISTRATION

By Omar N. Bradley

THE VETERANS ADMINISTRATION represents the greatest government-sponsored human project in our nation's history. The return of more than fourteen million veterans to civilian life after extended service in the armed forces offers an unprecedented undertaking in social readjustment. In their speedy reabsorption we shall find our best hope for a postwar world worth their wartime effort.

Because wars heap their heaviest burdens on the men and women who tear up their homes and lives to enter the service, the nation has aided them in the processes of readjustment. And yet for many years, this assistance was restricted largely to those who had been disabled or wounded. It was not until the second World War that we recognized that all veterans are apt to suffer costly dislocations as a result of war. Disabilities are not confined only to the wounded. Many veterans suffer what might be called a social disability in the interruption of their lives, and in the impairment of their careers. This latter group is as urgently in need of aid in finding its way back through civilian life as are the veterans injured in the war.

If left unaided now, the veteran can easily stumble in the maze of readjustment and develop a difficult social scar. If forced to shift completely for himself, there is the danger that he may be trapped by the enormity of the problem. For never in our history have so many young men and women been confronted simultaneously with so many similar problems vital to their future and well-being. Present-day veterans legislation is designed to meet that need. It seeks first to open a door to opportunity. It works to provide the veteran an outlet for initiative. It strives to give him freedom in his job selection.

When the American people paid \$70,000,000 to veterans of the American Revolution, \$46,000,000 to veterans of the Mexican War, \$96,000,000 to survivors of the Indian wars, \$8,000,000,000 to veterans of the Civil War, \$2,000,000,000 to those from the Spanish-American War, and more than \$5,000,000,000 to veterans of the first World War, they were largely paying the costs of binding the wounds of

those conflicts. Not until 1944, with the enactment of the Servicemen's Readjustment Act, could we be said to have acknowledged the social and vocational as well as the bodily disabilities of war. By the end of 1947 we shall have expended more than \$1,000,000,000 for education and vocational rehabilitation alone. At the same time we shall have spent another \$2,000,000,000 on readjustment allowances.

In the periods following previous conflicts, we were, in effect, providing headache powders for the unfortunate victims. This time we are giving vitamin pills in the form of education and training, readjustment allowances, and loans to give new life and opportunity to the young men and women who will build our communities and our nation.

With this investment in the future of our veterans, we are guarding against an era of apple sellers, untrained, jobless veterans, and discontented bonus marchers. And yet the billions allotted for his program will be meaningless unless the veteran is given the opportunity to use them wisely. Such opportunity can be provided only by the people who make up this nation; and only if they look clearly at the unique and accumulated needs of these young men and women.

To achieve happy reabsorption of so many veterans, we must apply the same imaginative daring we used to win the war. It must embrace government, industry, labor, and the community. It must employ coöperation and enterprise to give veterans job opportunities with living wages. It must give them the chance to buy or rent a home. It must safeguard the value of their money from runaway inflation.

After all, who is the veteran? There are times when I think we forget. The man who landed on Omaha Beach or Iwo Jima is not by any means a helpless young man. Needy? Yes, at the moment. In need of a chance to make up lost time, of opportunity for a fresh start in the civilian world. But helpless, no! When he discarded his uniform, the veteran lost none of the initiative, resourcefulness, intelligence, and courage that enabled him to win the war.

In banking on the veteran, we are investing in his enterprise. We are giving him his head in the determination of his future. Young people often do not know fear. Their boldness and imagination have combined to make them winners. Coupled with seasoned leadership, this has been the most successful combination of all times. We now have the opportunity to turn this capacity for winning battles into talents that will secure the future.

Among the nations of the world we are not alone. Other nations have devised plans to help their veterans recover from the dislocations of the war. Some have excellent arrangements for discharge payments, loans and grants, unemployment benefits, re-employment and reinstatement rights. But no one of them has as broad and comprehensive a plan as we have for education and rehabilitation. None has invested as heavily or as confidently in its youth. To us is offered the magnificent chance to show that educational opportunities can develop a more alert, progressive, and prosperous people.

With more than twelve million veterans already returned from the second World War and with more than eight million of them back on jobs, total applications for training under the G.I. bill have skyrocketed to more than two million. Seven hundred thousand veterans are already taking courses—80 percent of them in educational institutions, the others in training-on-the-job. Here then, is a tremendous reservoir of nearly two million veterans who have indicated that they may be planning their future with the help of additional training and education.

This tidal wave has, in places, engulfed the universities. Veteran students may be expected to make up almost 75 percent of the crowded enrollment in men's colleges; from 30 to 50 percent, in co-educational institutions. Veteran students have already challenged our educational institutions and their communities to see to it that their demand for education or training shall not be denied by lack of planning and imagination to care for these swollen loads.

The Veterans Administration has streamlined its procedures for getting these veterans on the road to education. In many offices, a veteran may now receive his certificate of eligibility within several hours of application, where records are available. There is still some delay in getting subsistence checks in the hands of veterans, but this lag is rapidly being eliminated.

Streamlining these procedures, however, is not going to be of much benefit to the individual if there is no room in school for him. In providing opportunities for education at government expense, Congress has depended upon our educational system to provide adequate facilities. And since enrollment ceilings are usually fixed by limits on housing, the college community is often directly responsible for providing a home for the veteran-student.

We must continually remember that a government agency is lim-

ited in the extent of its operation. Occasionally we find persons who look on Washington as a crutch. This is particularly true in the attitude toward the veteran. When we examine the benefits of the G.I. bill, it becomes perfectly apparent that veterans' readjustment is as much a responsibility of the community as of anyone else. Our program is predicated upon the ability of the American people to make it meaningful in the place where the veteran lives. Unless we learn to lean less heavily on the Federal Government, and unless we learn to look on legislative benefits more as a forerunner of readjustment, we shall make the error of defaulting in a home-town task that no one else is equipped to do.

It was principally to care for our war-wounded that Congress authorized the extensive medical and hospital services of the Veterans Administration. During the period between the first and the second World War, this care was liberalized, and treatment was extended to veterans other than those injured in the service. As a result, we have embarked upon the greatest program of hospital care in the history of government. Construction schedules call for the system to be expanded to include 182 general medical, tuberculosis, and mental hospitals. Every state in the Union will have its own hospital, and we shall be in a position to provide the best in medical treatment to hundreds of thousands of veterans each year.

In providing general hospital treatment for veterans as well as care for veterans disabled while in service, this coöperative medical program offers peacetime hospital care equal to what the soldier or sailor had during the war. It is built firmly upon the premise that a healthy people is the foundation of a sound and clear-thinking nation. As rehabilitation is an investment in the work future of veterans, so is hospital treatment an investment in their continuing health and productive effort.

Hospital care for veterans is limited, not by the availability of hospitals, but by the scarcity of doctors. However, this much is true: there is no war-wounded veteran today, acutely in need of hospital care, for whom there is no bed!

Waiting lists for Veterans Administration hospitals consist of veterans with service-connected disabilities who may be awaiting transfer from other hospitals. They also include those in need of elective operations, and veterans with nonservice-connected ailments for whom beds are not yet available.

Throughout the country we have been pressed from time to time to take over hospitals declared surplus by the services. Those that can be adapted to the Veterans Administration medical program and staffed, have been taken over. Obviously, a hospital without doctors is useless. The armed services can order their staffs to any hospital, but we must persuade ours to serve.

The greatest groups of medical specialists and medical centers are, naturally, to be found in the large cities. In order to tap these resources, and give the veterans the benefit of consultation and care from the world's best medical specialists, we are constructing the larger of our new hospitals in cities, near the large medical centers. In addition to these, feeder hospitals are being provided for veterans who do not live near the metropolitan centers, and who do not need specialist care or who are convalescent. Also, we are greatly enlarging existing facilities so that we will be able to speed recoveries and bring about a faster turnover.

We still face a critical shortage of doctors, though new legislation has made it easier to recruit top medical men. We can now offer good pay, specialization bonuses, opportunities for research, and a chance to practice superlatively good medicine. Although our problem has not by any means been solved, we are adding 150 doctors to our staff monthly. That progress is partly nullified, however, by the rate of discharge of Army doctors who had been assigned to the Veterans Administration during the war.

New legislation for recruitment of doctors would have been meaningless, naturally, had we not been able to convince the medical profession of our motives and sincerity. When convinced that we meant to construct modern hospitals near the medical centers, the medical profession generously offered to provide teaching staffs and to fill our institutions with young and imaginative resident doctors. Fifty-nine of the grade A medical schools of the country have already joined in our program.

Hundreds of other top-flight doctors came from their communities to offer their services in a consultant or part-time capacity. Many more joined in a unique and coöperative method to provide clinical treatment in the veterans' home towns by a doctor of the veteran's choosing. Some of the biggest names in the medical profession left their practices to join the Veterans Administration on a full-time basis. We are now able to reward our regular Veterans Administration

staff doctors by giving them the benefits of the same opportunities for research, education, and professional advantages that are offered to the new doctors.

It is a matter of great pride to us that the Veterans Administration medical program had received the endorsement of the entire medical profession. In fact, I believe that I can safely say that in nine months we revolutionized the character and outlook of medicine within the Veterans Administration.

Medical treatment for the veteran presented a challenge unique in the annals of American medicine, and we are indebted to the American medical profession for responding so liberally in sharing the task. Deserving of the best in medical science, the American veteran will soon have it.

In our rehabilitation program—which goes hand-in-hand with medical care—we have sought to provide a national outcome for successful hospital treatment. We are not interested in making life-long boarding houses of our veterans hospitals. Instead, we are primarily interested in healing our patients, and then in training them in compensating skills that will enable them to earn a normal living. During their confinement, disabled patients will be given preliminary rehabilitation designed to speed their reabsorption into community life. Afterward they will be guided into useful vocational careers rather than into the futile “basket-weaving” type of job that people are apt to associate with wounded veterans.

Some industries are already alert to the astonishing capacities of disabled and rehabilitated veterans and have performed outstanding public service in exploring the potentialities of these men and in employing them with great success. Statistics prove that when these men are properly placed in employment, their production records prove them economically sound and profitable employees. However, the fact that only one eighth of those disabled veterans who seek jobs actually get them, shows that there is need for a more widespread realization of their abilities.

In the past we have always looked sympathetically on the job needs of wounded veterans. Now, with new and progressive techniques in rehabilitation, we have widened their productive skills. Rehabilitation will have achieved its purpose when we can say to industry: “Certainly you owe the wounded veteran a chance. But there’s no need to feel solicitous. He’s trained to produce profits; not to win your sympathy.” Experience has shown that with training, guidance, and

intelligent placement, the disabled veteran is capable of bettering the production records of other workers. We are convinced that his value can be proved if he is given a chance to deliver the goods.

With the growing threat of unemployment among recent veterans, there is need to restate the significance of our readjustment allowance program. Already there has been some tendency to decry the "52-20" situation—a term used to describe the veteran who is presumably making a good thing of his fifty-two weeks of unemployment at twenty dollars a week. The veterans I have known are not content to live on a dole. And the readjustment allowance is not a dole. It is just what its name says it is—an allowance to tide over the veteran so that he will not be forced to grab the first job that is offered him whether he likes it or not. In most cases I believe that veterans are using the allowance in just that way.

Coming back to civilian life for the first time in years, the veteran finds few easy roads to finding a job that will pay him a living wage and still provide for opportunity in the future. The task is even more difficult for the more than six million veterans who have had little or no job experience. By paying readjustment allowances, we are paying the cost of giving each veteran adequate time for selection of a lifetime job. Freed from the pressure of bare-necessity living costs, he can shop about more wisely, or perhaps take a well-earned rest before making a firm decision.

That the plan has not been abused on the whole is evident in the fact that 8,000,000 veterans have already found their way into active employment. Of those who have applied for benefits 1,500,000 are now on the rolls—the average veteran has collected payments for only a total of seven weeks. When we recall that we were spending more than \$1,500,000,000 a week to kill our enemies during the war, an investment of \$140 in a jobless veteran is a modestly reasonable one. By paying him now during this critical period of readjustment, we may be averting the far heavier costs that could accrue ten or twenty years from now as a result of maladjustment.

It is just such a program as this that gives our Administration its hopeful outlook. For, with the G.I. bill, we are no longer limited to binding the wounds of the war. Instead we have turned ourselves to the future with the survivors of this war. And with the investment we shall make in their health, their training, their initiative and enterprise, we are confident that there will also come a brighter hope for the future.

SOCIAL WORK'S RESPONSIBILITIES FOR VETERANS

By Elizabeth H. Ross

DO WE HAVE THE COURAGE, for that is the first requirement, to use our overwhelming chance to assist veterans and their families toward the lives they want to lead? Have we the spiritual expandability to help the Government—specifically as expressed through the Veterans Administration—to carry out its long-time promises, and hopes, for the civilian lives of former servicemen and women?

Maybe, you say. Yes, I say. With two big "if's": If we start by knowing that we are scared, and do something about it. And if our way of working does not become more precious to us than the people who bring us their troubles.

Size alone is terrifying. A program to serve the 20,000,000 potential veterans for whom the Government is responsible beats anything we have ever before tried to visualize. What is more, veterans are everywhere; there is neither escape nor isolation for us. Nor do the veterans constitute a tight group to be lumped, described, and ignored.

We claim, as one of our professional prerogatives, an appreciation of individual differences. Now is the time to prove it, or we will be trapped by the assumption that "veterans are different," that there is a "veteran psychology." Of course, the man or woman who was in the armed forces has had a different experience from that of the one who wore no uniform. But the veteran who did not quite survive basic training and the man who did survive Okinawa bring to their veteran status dramatically different experiences, which could scarcely produce similar war-born "psychologies." Pentagon patrol duty bore small parallel to infantry patrol out into the bending Ardennes bulge.

Each uniformed man had his own war. He reacted to it in his own way. The individual differences, which we must value, even though it is doubtful that most of us are aware of them, are as great as the differences we encounter among any other group of citizens. Granted

the highly individual war of each veteran, and the equally individual way of responding, perhaps the sole link among former servicemen is that they did go to war. And the rest of us did not. To that extent all twelve million are "different." And they know it.

Social workers can help veterans if we do not pretend that we understand the particular meanings to a particular veteran of all the pain, fun, boredom, growth, hate, and glory of his period of service. That is too sleek a way to try to solve our sense of difference in experience. It is too evasive of the fact that when a veteran wants our help in finding a house or a job, or a doctor, or a school—or a good night's sleep—he is a man in a civilian world who once, mostly by chance, happened to go to war.

Even if we can let each man's war be his own war, we remain livid with fear of the rights and benefits with which Congress has provided veterans. It is hard for us to look steadily at that special bond of special provisions; to stare long enough to know exactly what all the rights mean, for any one man. We foresee that pensions, medical services, insurance, vocational assistance, and all the rest may encourage nation-wide social dependence, or aggression. We begrudge no one his governmental due; we wish that more of our citizens had more coming to them. The special "psychology" we are afraid of is doubtless based on the expectation that if the veteran has something coming to him, he will see to it that he gets it. And here is where much of our fear lies—he will see that it becomes more. We are right to be fearful of a segregated, favored, special group of citizens; but we are shortsighted if we do not take our part in dealing with this fear, in pressing for and facilitating an adequate economic and social setting in which, and through which, veterans and the rest of our country have a chance—now—to earn, to recover or to stay well, to educate themselves and their children. It's the chance that counts.

The very platform of a service organization of and for veterans scares us. We see all service organizations greedy for members, therefore grievously fighting the causes of individuals with grievances. We suspect them of bellowing "Veterans first" so strongly that non-veterans are discriminated against in jobs, in legislation, in benefits of all sorts. We suspect that unnecessary family, community, and political frictions are created. We almost forget that no man would keep his dues paid up, if he were not getting something through them that was not provided elsewhere. We glance to the twenties and

thirties and point to the leadership of at least one such group in molding public opinion on social and political issues which struck us as of peculiar concern to all voters, not of especial concern alone to those who fought our country's wars.

What social workers have not done widely, and what we must do, if we are not to be a segregated, after-the-fact, group of ineffectuals, is to find our way to work with the service organizations. Out of such work, perhaps we will learn how to differ, and how to state our difference, for the public good as we see it, in a way that will not sound like treason.

We should be humble in prophesying our ability to understand the veteran or to work with him. The past year is no glowing success story of our perception in grasping, or our freedom in using, the military experience of trained or partly trained social workers or of that fine, near-veteran group of former Red Cross social workers. We were no more ready, with jobs, with standards of evaluation, and with educational opportunities, than was the rest of civilian life ready for demobilization. We have shown a mighty shallow awareness of how ready our forces were to get back, and of the fact that the time which counts to a veteran is now. We missed, or almost missed, the cue that in our country a man knows he is a man when he has the power to plan and to decide. Even with veteran social workers, we have underplayed the overwhelming need to be a full man, in those terms, again. If we cannot learn from our own ilk that military-embellished dreams of a good life, built on any American's freedom to jerk at his bootstraps, are more imperative and potent than any external obstruction, what chance have we of learning it from any other veteran?

We do not gloss over, we often simply do not get, the fact that among the veterans are men and women who may have hit the peak experience of their lives while they were away. There are men who never again will be so responsible for the fate of lives and plans; never again so productive, or so well fed or so popular, or even so free. Many a social worker veteran knows or suspects that no social work future holds thrills that can compare with the thrills of the war. We who stayed at home sometimes act as though wearing a uniform amounted to an act of abnegation of all the values we cherish. For, believe it or not, we ask an unemployed veteran to come back three weeks from today for a follow-up interview. Or we are sad because

an officer, a former social worker, who helped relocate hundreds of thousands of European displaced persons had no casework supervision in Austria, alas! Or we find veteran social workers "aggressive" when they want to know what our agencies are doing, and why, and why it is not being done another way. We consider them "aggressive," and "without standards," if and as they question. Yet, they are just like other veterans, just like all unintimidated people who believe that they have a right to express an opinion. They are simply people who have not had to develop the special techniques of submission which would make them acceptable clients to many agencies.

Perhaps it is unfair to expect social workers to learn about veterans from the returning professional group. Of course it is. Perhaps, veteran social workers are so much a part of the "family" that I am expecting too much; that, after all, we treat our clients differently. I hope so, but I do not really believe it. If we do not have the perceptions, all we can use with our clients is technique.

We have been lacking too, in that quality of convincing curiosity which frees a man rather than freezes him into jaw-clenched silence. Though a handful of schools and agencies and some individuals want to know more about Army social work, a depressing number of Army social workers encounter, on their job rounds, only courtesy professional curiosity. They are more likely to encounter doubt as to whether the military experience could have been good practice, since it occurred outside the interviewing agency. Those who for years devoted themselves to planting our professional flag firmly in new and crusty soil may be urged to make up for lost time rather than invited to bring the best from their military jobs into the improvement of our civilian services.

It is up to the local community to see that the best possible care is provided to veterans. In the community, social workers bear an important responsibility, for we are the ones who should have the strength to kick over our jurisdictional traces long enough to insist that veterans and their families get the services they need, before their wishes are dulled by senility. We might even learn enough, through our work with veterans, to better the speed, quality, and humanity of all our services to everyone.

We are the fragment of the community which should know most how to help the Veterans Administration and other government agencies to fulfill their jobs. It may of course, take almost as much

imagination and sense for private agency workers to understand what it means to work in public agencies, and to learn how they work, as it will take to work with veterans. But if we know government agencies, use them, honor their efforts, report their shortcomings, back their struggles for improvement, and do not confuse legally based policies with modifiable procedures, we have a chance. Too, social workers should foresee the need of fresh, or revised, social legislation and work for it. We should even work for the possible revision of some private agency purposes. We can, if we care, be "social" as well as "workers."

But all this is the froth and lure of daydreams unless we use the public's readiness to do well by veterans as the outstanding chance of our generation to do a better job for all members of our community. It is from that conviction that I say that some of our methods will have to change if service to people comes first.

If ever a profession gloried in being misunderstood, it is social work. Now and then it looks as though we demanded to be misunderstood! We are not willing to let others know us by our works, or, sometimes, even to let them know what our works are. Most of us want to be valued for how we do what we do rather than for what we do. We whimper for that vague public of ours to appreciate our sensitivity, our insight, and our knowing the Oedipus when we meet it. It is for that we want approval and a larger budget rather than for services which really serve.

I suspect that social work is a profession far more by assertion than by earned right, that is, if the primary qualification of a profession is a body of describable services for which a background of known factual data, and a discipline in method, can be organized into a curriculum which leads to minimum definable skills. In the first place, only a fraction of social workers is fully trained, and we are still not sure enough of what that fraction is equipped to do, to know how to utilize those with little or no training. Even more important for our professional future is the possibility that our educational base has become stereotyped, full of superficial agreements, without common convictions more permeating than those devoted to institutional survival. It is a wobbly base at that, thin and opportunistic in educational opportunities at both ends, balanced by some strong, but confusing, educational opportunities in the steadier but minority group of schools.

Or should we account in other ways for the fact that as a field we cannot agree as to what is social work and what is social casework? Any group working toward the licensing or the registration of social workers will relate quickly enough the trials they are having in trying to find more than two social workers who can agree on an understandable statement. We are deservedly doomed unless we, in relation to other professions and to those we try to help, can find broad agreements as to what social work is and what the social caseworker does.

It is unreasonable to hold the professional schools somewhat responsible for the fact that often their graduates require almost as long to become workers as they spent in being students? And for the observation that many a recent graduate can work with competence only as he is able to slough off, unlearn, many of the attitudes, and some of the methods, acquired in the course of his costly education? Possibly two years are not enough time in which to prepare for certain fields of social service. Perhaps there should be a third year. The basic question is whether it is not time for us to reinspect the connection between our schools and actual practice and human needs.

Another matter for us to reinspect is whether we do or do not believe in tax-supported social welfare and health services. In a few years our country has made almost majestic advances in services to dependent people. Some of the distinction of social work is that we have had leaders who have contributed directly to such social advances. But where do the rank and file stand? Are not a lot of us half convinced that something big cannot also be first-class, that quality and quantity are uncongenial? If we are to help all our people, and to help the Veterans Administration now, and if our credence is in the public services regardless of where we work, surely some of us can find the energy and the skill to further the quality of public services.

The job of working with the expanded Veterans Administration is the same that we have faced in learning to work with the Federal security agencies. It too requires a philosophic review of our stand in relation to broadened public services, and of those agencies that are supported by private philanthropy. We may continue to need philanthropic agencies, but I, for one, doubt their social validity unless they exist: (1) to support experimental laboratories in types and methods of social services; (2) to support, temporarily, supple-

mental services to temporarily inadequate public provisions; (3) to support socially required services until, with our efforts pooled with others, public education and legislation coincide in a plan of public support; and (4) to support services for the maintenance and development of standards. These four purposes require, too, that we take the time to know, and keep a life-giving interest in knowing, and in letting others know, the sum total of the needs, provisions, and processes of public services.

I say "private philanthropy" because the current delicacy of referring to "voluntary," as opposed to "public," support seems a fabulous euphemism. There is nothing voluntary about the way chest and fund monies are garnered. Our suave community crusades, based on "fear thy neighbor, thy boss, and the solicitor," plus "remember the 15 percent deductible income tax item," bear no discernible relation to religious concepts of "charity"; less to free-will concepts of "voluntary."

Thanks to the unrelenting efforts of many, in and out of social work, a noticeable fraction of social workers is becoming wiser politically and economically. The thirties helped us reinject some old vitality into our blood stream. We discovered that even in the face of our friendly interest in individuals, our astute guidance through their marital rows, our supportive relation to their youngsters, our institutional care of their cousins, our protective arms over their adolescents, there really were people who could not get jobs. There were no jobs. Only as we use that, and scores of other economic and social learnings, in an active way, will we rise above the palliative services and be freed to know the economic facts of life, as the people whose budgets we help prepare already know them. Only then will we act politically, which is the way that things get done.

Politically, we often act like children who assume that somebody fine and far away will fix things. Political adolescence has hit some of us with the discovery of that deep cleft between what is and what ought to be. The prospect of political maturity, with its excitement of knowing that only we can do what can be done, lies ahead of our profession. Luckily, we have some old hands who know the ropes of working in politically flavored settings, of productive legislation and administration in our own field; old hands who know when a compromise is or is not a gain. But most of us still know more about de-

vious personal and interpersonal motivation than about obvious, complex, political motivations and behavior.

It is time, too, that we looked at "social casework treatment," at "a therapeutic relation," at "relationship therapy" and the rest, to see what we are doing. I can speak only from the viewpoint of psychiatric social work, where social work treatment of individuals varies incredibly. There is the concept that all contacts with patients should have a favorable therapeutic slant; to that extent, all contacts should be treatment. Then there is the idea that social workers, unlike psychiatrists, do not unleash unconscious content or feelings on purpose. Otherwise, supposedly, their services are almost like those of the psychiatrist; although legally and professionally, of course, the psychiatrist contributes the medical diagnosis to the sick man's treatment. That concept presupposes planned, often continuous, psychiatric consultation or supervision. A deviate of such an idea of social treatment is that the caseworker goes as far in his efforts to help relieve the patient's disturbance as the psychiatrist permits.

In some clinical practice the doctor treats either the child or the parent; the social worker, the other. Who does what, how, and why, is determined as much by the severity of presenting symptoms, or by the doctor's interest, or schedule, as by the difference in professional equipment. In other places, psychiatric social work may be almost entirely a service to the psychiatrist. It is for his use in planning, diagnosing, and advising that the dominant job is established to obtain and evaluate social histories and family and community information. Elsewhere, the social worker usually serves both the psychiatrist and the patient, securing social data, reports, and observations on the one hand, and acting in a social service relation to the patient on the other. The casework consists of assisting the patient to come to terms with his illness or emotional upset, and to utilize the relation with the caseworker to mobilize what desire and capacity he has to do something about getting better. Out of that purposeful relation, the patient is aided to make some use of his own resources, or those of the hospital or clinic, his family, and/or the community. Thus service both to the psychiatrist and to the patient is, roughly, within the scope of social work as we now educate for it. Consequently it is assumed that technical psychotherapy belongs to medicine, while personal and social assistance belongs to social work.

The same confusions and the same lack of principles seem to exist elsewhere. Even in those agencies where social workers are most carefully guided by psychiatrists, the postgraduate on-the-job training is more likely to depend on the individual worker's learning and the psychiatrist's enthusiastic insight into social situations than on a clear understanding of the specific purposes, and visible horizons, of the social worker's in-service education for psychological treatment. Remember, there is even less agreement or interest in psychiatry as to the reasonable job for the social worker, than there is in social work. By and large, we still have our own chance to find out what we can, and should, do.

It seems to me that we must either leave people's personalities alone (they may like them!) or learn how, when, and why to offer treatment intended to assist a client to modify his personality. We must know in what type of agency people may most easily get such help. Otherwise, people will have to go on pretending to modify lifelong attitudes toward authority in order to find out how to get a free pair of glasses; or go through the same pretense to learn where to obtain legal advice.

Our distinction, and our trouble, is that we are trained to value and utilize the give-and-take, hitching and hauling, or interpersonal relations. Few other professions are so trained, though clinical psychology may be as it develops a more standard curriculum. We have learned to work with worried, grouchy, garrulous, irresponsible, subdued people—all sorts of people, with every sort of trouble. We are good at it, too. Many of us, however, have jumped into the tempting valley of emotional disturbance itself, forgetting that we were equipped only to help people deal with their individual and social needs. We sometimes have let our interest and capacity in interpersonal relations become the center of our job rather than a major asset in the effective administration of a service. We have let the fascination of dabbling in the other fellow's quirks of history, character, and behavior get all mixed up with filling out a coal order. It is no alibi, I insist, to contend that psychiatric education until recently has not focused strongly both on mental illness and on emotional-personality disturbance. We have no alibi, and have, heaven knows, been tempted almost as much by psychiatry, and by people's pain, as by our own impulses.

But if social work and psychiatry can agree that there are some clearly describable personality disturbances, subject to some clearly

describable nonmedical, psychological therapy, then let us use, develop, and consciously adapt our interpersonal skills for therapeutic purposes. Let us find out what of our current training is necessary, supplemental, or irrelevant to such an end. Let us pluck the best of the present amateur and apprentice training plans. Let us work within ourselves, with psychiatry and the other professions. Then, if it is sound, let us come out into the open with an honest discipline at the service of disturbed people.

Will the agencies take the educational lead from the schools? Or will we bumble along with schools of thought and local groups duplicating and competing, emphasizing our differences, rather than swelling the total of our professional services? If we are going to treat with a psychological rather than a social emphasis, then let us treat: (1) with the knowledge of the person we are trying to assist; (2) with a skill obtainable from no organized training with which we are now familiar; (3) with medical supervision, which is different from good will or tolerance; and (4) with the dignity which comes from a professionally developed special service within a larger practice. While we take this step ahead, let us remember the thousands of humans, veterans and not, psychoneurotic and not, who will continue to have toothaches, heartaches, and plain aches, because we still cannot fulfill the service responsibilities that social work calls its province.

Many social workers are beset by worries irrelevant to the Veterans Administration, but relevant to service for veterans. We are puzzled as to what part to take in new community services, specifically those for veterans, which we may have been advocating for years as desirable community-wide plans. Should we use the veteran as a wedge? Or are the risks too great? Not a few of us are worried because we have not been hit by a so-called "veteran problem." We wonder whether the trouble is with us, or with the veteran. The absence of a "problem" may seem incredible a year from now, but not solely because a man fought, rather than made the fighter's equipment.

Our fears of size, of difference in experience and expectation, of service organizations which are not social service, and of our capacity to take a hand in the economic life of our country may be only some of our fears. It may be that the most real fear of all is that we may have to be different if we are to have a hand in helping veterans become and remain citizens first, and former sailors or soldiers, second.

Social work and social workers are much better than some of this

sounds. Veterans and the Veterans Administration are much more complex. But until we as a profession know what we are trying to do, where, and why, and learn how to educate for it, we will not be able to hitch our awareness of social and individual troubles and needs to our dreams of social service. There is no occasion for us to tackle everything about us, totally, all at one time, and with self-destructive enthusiasm. Like those whom we try to help, we need tackle only those specific things which get in the way of our using our professional life experience and capacities to give individual and group services fearlessly, socially.

THE FINDINGS OF THE NATIONAL COMMISSION ON CHILDREN AND YOUTH

By Leonard W. Mayo

THIS IS A REPORT on the health, recreation, education, and general welfare of the children of the nation. There are many encouraging things to be said concerning the progress made in these fields during the last two decades. We have greatly increased our knowledge of child care, we have saved the lives of countless mothers and infants, we have prevented much suffering, we have improved the lot of unhappy children and facilitated the emotional adjustment of thousands, we have reunited families, placed children from broken homes in foster care, and strengthened our public schools in many sections of the country. All this and more has been accomplished. But this report will not deal with accomplishments. It will deal with unfinished business, with needs yet to be met, with urgent necessities.

The National Commission on Children and Youth, formerly known as the National Commission on Children in Wartime, is composed of approximately 150 men and women active in education, public health, medicine, social work, labor, and civic affairs. The original commission was appointed in March of 1942 following a meeting called by the United States Children's Bureau to consider the critical problems of children during wartime. At the close of that session the group moved to organize the United States Children's Bureau Commission on Children in Wartime.

Following the close of the war the name of the Commission was changed, and it was voted at the last meeting of the Commission on February 7, 1946, that its work be continued in close coöperation with the Children's Bureau but under the name of the National Commission on Children and Youth. It was agreed that emphasis should be placed on the immediate and long-range problems relative to the development and protection of the children and youth of the nation.

The purposes of the Commission will continue to be as follows:

1. To collate and present to appropriate public and private bodies

information concerning the general welfare of the children and youth of the nation.

2. To bring together representative individuals and groups in the nation who are concerned with the welfare of children and youth in order to discuss and recommend ways and means by which the needs of children and young people may be more adequately met.

3. To act as a clearinghouse and center for exchange of information on the state of children and youth in the country, to analyze community plans successfully promulgated for the meeting of their needs, and to encourage the development of more extensive coverage and a higher quality of service for children and youth in education, health, recreation, and other services.

Acting under these mandates, the Commission has published a number of pamphlets and documents, one of the best known being "Building the Future for Children and Youth," issued in April, 1945. This was written under the direction of a committee directed by Henry Helmholtz, M.D., head of the pediatrics division of the Mayo Clinic, and upon completion it was submitted to the entire membership for approval. Members of the Commission offered suggestions which were incorporated in the final draft with the result that the statement, as it now stands, represents the point of view and has the backing of the entire Commission. The following are some of the most significant findings:

Health.—In the years immediately preceding the second World War, seven countries had lower infant mortality rates than the United States, and from seven to eleven countries had lower death rates among children.

One in every four eighteen-year-old boys was rejected by the United States selective service system as unfit for general military service. Of these, hundreds of thousands were rejected for causes correctible in childhood. Physical defects found in children during school examinations are found again year after year at repeat examinations. No major steps have been taken in this country to correct this state of affairs. Health examinations are merely the first step in the process of building a healthy nation. Neither the provision of medical care nor the education of parents on how to use available facilities has kept pace with scientific knowledge.

In 1942, for the country as a whole, out of every 1,000 babies born, forty died before the end of their first year. In one state, the

rate was ninety-eight; in another, only twenty-nine. The rate for Negro babies is almost twice as high as for white babies. Experience shows that infant mortality rates could be cut in half if we had the funds, the facilities, and the proper approach from the point of view of organization.

Each year some 200,000 babies are born without medical care; and yet the first day of a child's life is the most critical. More than 30,000 babies die each year because of premature birth. Deaths of infants on the first day of life have decreased little in the last decade. In the first year of life 9,000 infants die annually from gastrointestinal diseases; 17,000 from pneumonia and respiratory diseases; nearly 3,000 from measles, whooping cough, and other communicable diseases.

Maternal mortality decreased 56 percent from 1935 to 1942, and yet in the latter year in the country as a whole twenty-six women died in childbirth for every 10,000 babies born. In one state the rate was fifty-three; in another, seven.

In July of 1944, agencies in the states dealing with crippled children had registered 373,000 such children. Out of every 1,000 children under sixteen years of age in the general population, there are eight, on the average, who are crippled. Recently a number of state agencies reported a total of 15,000 crippled children who could not be given care because of lack of funds.

Some 17,000 children are deaf, and approximately 1,000,000 have impaired hearing. Some 15,000 children are blind; 50,000 have only partial sight; nearly 4,000,000 have difficulties which require glasses.

Approximately 1,250,000 children are handicapped with asthma; 35,000 with diabetes; and 200,000 with epilepsy. Such children require prolonged and expert care. With one exception, no state has made provision in its crippled children's program for children suffering with diabetes, asthma, and epilepsy; and yet these are among the greatest and most powerful of the many enemies of childhood.

Lack of facilities.—In the light of these and other urgent needs our facilities are still woefully inadequate. The county is the fundamental local health unit of the country. Such a unit, according to the United States Public Health Service, should consist of at least one health officer, a sanitary engineer, and a public health nurse. Only three fifths of the nation's counties are thus equipped. Nearly 1,000 counties of the 3,000 in the nation still have no public health nurse.

Two out of every three rural counties have no child health con-

ferences where mothers can bring their children for periodic check-ups. These and other services are especially deficient in rural areas and in small towns.

One out of six small cities has no school nursing service.

Provision for corrective dental care of preschool and school children and of pregnant and nursing mothers is seriously inadequate. Many cities, towns, and counties do not have health or medical centers with adequate space, equipment, and personnel for prenatal clinics.

For maternal and child health the maximum Federal appropriation is still fixed at \$5,820,000 a year. This must be distributed among forty-eight states, three territories, and the District of Columbia; some additional funds are spent locally, especially in the large cities. "Even the total of these two amounts obviously does not allow adequately for maternity and infant care, and for preventive and curative health service and dental care for pre-school and school children and for children who have left school."¹

Child welfare services.—The studies conducted by the Commission on Children and Youth revealed a serious shortage of adequate foster homes and qualified child welfare workers. It is estimated that there are approximately 1,800 child welfare workers with somewhere near adequate training. A conservative estimate indicates that at least 13,000 are needed.

The report of the Commission states:

The experience of the war period has fully demonstrated that State and local public and private welfare agencies do not now have the necessary services and facilities to meet the social needs of children. In the majority of counties in the United States there is no child welfare worker available to serve the children who have needs with which their families cannot cope unaided. The problems of children in the post-war period, coupled with the long-time problems which have never been handled, require expansion of resources.

Need for day care facilities for working mothers, which reached an all-time high during the war, has called to our attention the lack of such facilities in every industrial community. We have been far from adept in making day care an integral part of the network of services for children under governmental and voluntary auspices, in strengthening existing day nursery and related facilities, in in-

¹ *Building the Future for Children and Youth* (Washington, D.C.: United States Children's Bureau for Commission on Children and Youth, 1945), p. 9.

creasing the provisions for related casework service, and in retaining on a permanent basis, as required, the programs developed during the war.

Institutions for children, once regarded as a last resort, are now recognized as a basic part of a well-rounded program of child care. The personnel, and hence the programs of institutions, however, deteriorated during the war. A recent survey shows that the buildings in a large number of institutions are in a serious state of disrepair and that there is need for a vigorous reorganization of a large number of institutions, particularly those which provide detention care.

Large numbers of children are held in jails with adult offenders and subjected to conditions that threaten their health and well-being. Although many states prohibit the detention of children in jail, lack of suitable detention facilities in many communities results in the use of jails for this purpose, even when the children are held for reasons other than delinquency.

In one state 500 children under sixteen, of whom eighty-four were under twelve years of age, were detained in jail during a recent year. The records of two rural counties in another state showed that sixty-six children under sixteen were detained in jail in the last six months of 1943 in one county, and fifty-five in the last four months of 1943 in the other.

Although forty states have substantially improved their adoption laws in the last five years, it is conservatively estimated that only about one fourth of the states have laws and services that provide really adequate protection for children who are offered for adoption.

The war high-lighted our deficiencies in the protection of children and youth employed in gainful occupations and created new and serious problems. During the war, child labor violations reached a level comparable to that of a generation ago; nearly 3,000,000 children between the ages of fourteen and seventeen were at work, and at least 50 percent of this number received little or no schooling during that period. Only thirty-two states have set an age minimum of fourteen years for most employment outside school hours. Only six states limit to forty a week the hours of work for fourteen- and fifteen-year-old children; and only two have this standard for minors of sixteen and seventeen years of age.

With respect to the care of mentally deficient children, the report of the Commission states in part:

Community resources for mentally deficient children are grossly inadequate everywhere. Numerically the problem of mental deficiency is large; some 2 percent of children of school age are intellectually retarded to such a degree that they cannot profit by the ordinary school program, according to the United States Office of Education. Probably not more than one mentally deficient person in 10 would require custodial care if adequate facilities for supervision were provided in the community. And yet the chief provision made in some States is for institutional care. Institutions for mental defectives are overcrowded and have long waiting lists.

Education.—The draft brought to our attention 500,000 illiterate boys and men. In the face of this, 225,000 teachers left their posts during the war, largely because of inadequate salaries and the closing of schools. During the same period more than 55,000 teaching positions were abolished, and 7,000,000 children under fifteen years of age left school. The variation in the amounts spent for education by the several states gives evidence of the low educational standards in a large section of the country. In New York State, for example, the amount spent annually on education is just under \$170 per student. In more than one state the amount is less than \$40. In some states the annual salary paid to some teachers is as low as \$500.

Recreation.—The findings of the Commission on Children and Youth indicate an urgent need for extending and improving recreation services under both voluntary and governmental auspices in local communities and for a vigorous leadership of such services at the state level. The concept of recreation as re-creation for all people and as the serious business of childhood is yet to be accepted by our people as a whole.

The general welfare.—Before the war, 8,000,000 Americans were living in families in which the income was under \$1,500 per year. In the same year, 40,000,000 of our people were living below the diet line considered safe from the standpoint of health protection.

The problem of obtaining adequate housing for our people needs little comment here. It is doubtful whether any other one factor in American life affecting such a large body of citizens has been so grossly, selfishly, and blatantly neglected as that of producing adequate shelter for all people regardless of their economic income.

Plan of action.—This report would not be complete without a brief statement concerning the recommendations made by the Commission and other bodies with respect to several of these problems. Some of the plans now being promoted are:

1. Federal legislation devoted to an extension of maternal and child health services and services for crippled children based on the following principles:

a) Financial participation by the states with due regard for their ability to share in the cost

b) Administration by the state health agencies ²

c) Availability of the service to all mothers and children who elect to participate, without discrimination because of race, color, national origin, or residence, and without the means test

d) The development of a statewide service within ten years

e) Administrative provisions as follows: personnel standards on a merit basis; the right of families to select the physician, clinic, hospital, or other facility; the right of a physician to accept or reject a case; adequate remuneration of professional personnel and opportunity for training; and appropriate distribution and coordination of services and facilities

f) Coöperation of the state health agency with medical, nursing, education, and welfare agencies and organizations and the establishment of a state advisory council

2. Improvement and wide expansion of school health services, including those in academic and vocational high schools, through the coordinated efforts of state and local health and education departments

3. A dental care program for children, starting with complete service to children as they enter school and providing for care to maintain dental health throughout the school years

4. A mental health program for children at all stages of development

5. Health service to youth at work, including plans to make medical examinations available to children and youth at the time of application for employment certificates and to assure availability of health service and medical and dental care to young workers

6. Strengthening and extension of Federal regulation of child labor by amendment of the Fair Labor Standards Act, or otherwise, to close present gaps in the protection of child workers

7. Legislation providing for Federal aid to education, particularly for the benefit of those impoverished areas of our nation where de-

² At present twenty-one states do not use the health department for administration of crippled children's programs.

cent educational standards are at present impossible of attainment.

8. More effective community organization at the local level, including the development of committees on children and youth related to, or as a part of, councils of social agencies

9. The strengthening of administration, planning, and coördination at the state level with respect to all services affecting children, youth, and family life

10. Reorganization at the Federal level, including the establishment of an inclusive department of welfare headed by a secretary with cabinet rank and including education, health, recreation, and welfare.

As we consider and act upon the fundamental needs of our nation, it is essential that we do more than express concern for the welfare of children in areas outside our borders where mere existence is a struggle of major proportions. In the United Nations charter we pledged ourselves: "To reaffirm faith in fundamental human rights, in the dignity and value of the human personality, in the equal rights of men and women; to promote social progress and higher standards of living; to practice tolerance; and to live together in peace." This is a mandate that embraces the children and youth and the families of all lands. Those of us who know that the children of the world constitute its entire future, know too that there can be no security for the world until childhood is secure. The concept of one world is not only a political concept; it is also a social work concept.

A PROGRAM FOR THE PROTECTION OF CHILDREN

By E. Marguerite Gane

NEW INTEREST HAS BEEN DIRECTED toward the problem of the neglected child in the last five years because people have become increasingly aware of the close relationship between neglect and the behavior of the neglected child. Children respond to abnormal home situations in a dramatic way which no community can ignore. In attempting to explain such behavior the community has tended to focus the responsibility on the parents. This identification of the root of juvenile delinquency with the standards of parental care has inspired many family and child casework agencies which had ignored the problem of neglect as such, to expand their functions so to treat it. It has resulted, however, in the diffusion of responsibility for the program of child protection, and some confusion now exists about the definition of the problem and the most effective methods of handling it. It seems timely, therefore, to consider how a community can prevent and treat child neglect, not only because the child himself suffers from it, but also because society suffers from the child's mistreatment.

The extent of the problem is greater than it is thought to be by those who are not close to the field. An increasing number of parents are approaching separation or divorce. Children are not merely pawns in this chaotic, charged atmosphere; they often are deliberately used as accomplices by one parent or the other. Many infants born to women during the absence of their husbands are being offered for adoption in most fantastic ways. Countless small children have been left to care for themselves under precarious conditions. Communities are alarmed by the evidence that many parents seem neither to want their children nor to care what happens to them. Children seem to be losing their homes in increasing numbers. What can be done?

Parents must have jobs which bring them returns adequate for proper support of their families. The present housing situation definitely undermines family life and contributes to the deterioration of

human personalities. The first line of defense in a community, therefore, is held by those agencies which strengthen family life and push standards of child care to a higher level. The church, emphasizing as it does the value of the human personality, is, in this sense, an important child protective agency.

The schools play a real part in protecting children when, in addition to the regular curriculum and staff, they provide a service by social workers, psychologists, and psychiatrists to help a child when he first shows evidence of unhappiness or neglect, and before he becomes delinquent.

The police department with a centralized bureau to handle children who come into conflict with the law fulfills an important and unique role if it is staffed with officers who have a feeling for children and are trained to understand the meaning of child misbehavior and parental neglect and how to use the social agencies. By intelligent enforcement of all laws affecting children and by supervision of recreation spots frequented by them, the police help to create "a community climate" favorable to their protection and growth.

The recreation and character-building agencies, not only contribute to the growth of the child's personality, but often counterbalance the damage which has been inflicted upon him in other parts of his living experience.

Casework agencies which serve families and children on a "voluntary" basis make an incalculable contribution by skillfully helping parents and children overcome those difficulties which threaten home life. It is hard, however, for an agency to serve people who seek it voluntarily, and also to approach those who, neither seeking help nor wanting it, are complained about as neglecting their children. Agencies which have neither the authority nor the special skills which are necessary to carry on an effective protective program are indeed at a disadvantage.

Neglect is never completely prevented, however, and something is needed in addition to a sound economic system, the church, the schools, and the voluntary social agencies; something which moves into existing situations and which works to overcome the causes of trouble, both on a community-wide basis and an individual one. Children of every community are entitled to a service where responsibility for their protection is the major focus and where the best professional methods are used to bring about such protection.

When children are subjected to harmful influences which can be removed by concerted action by people organized for the specific purpose of child protection, it becomes the responsibility of that organization to function in their behalf. Often these influences represent powerful commercial or political interests, and it requires the combined strength and skill of the governing board and professional staff to correct the situations. It frequently becomes the duty of this organization to initiate the drafting of legislation or to call to the attention of councils of social agencies and public officials the particular problems and the need for community-wide action.

But as community organization in social work has expanded and been focused through councils of social agencies, child protective agencies have been relieved of much of this type of responsibility and are freer to devote themselves to the individual child and his family. New York State was the first to pass an act for the incorporation of these societies in 1875. Almost every state now has a similar law, creating special agencies to protect children from neglect. The definition of neglect varies greatly in different states, as does the professional quality of the service of the protective agencies. Many have continued to give the same kind of service that was instituted before the development of casework. Some casework agencies with high standards of their own, carry protective cases to the point of crisis and, when court action is indicated, transfer them routinely to protective agencies which do not give casework service. This, in effect, removes professional help from the families at the critical time when they need it most.

Certain characteristics have been peculiar to protective agencies since their legal establishment long before the crystallization of casework as a method. A study of the annual reports of the old National Conference of Charities and Correction between 1875 and 1900 clearly reveals the basic philosophy which underlay the creation of these special agencies. Three problems are as pertinent in 1946 as they were in 1875: the authority of the protective agency; the attitude of the agency toward the parents; and the limitation of the agency's function which is determined by the legal definition of the term "neglect."

First, the authority of the protective agency must be clearly established. The governing board and the staff must be clear, not only about the purpose and function of the agency, but about its authority

to act, since people do not seek its help but are reported because of their neglect of children. The right to interfere in behalf of the child has been clearly delegated to the Society for the Prevention of Cruelty to Children. This authority may be delegated to other agencies by state law, by charter, or by the community's approval of a function voluntarily assumed. A true protective agency, when it accepts a complaint, assumes responsibility for completing the steps necessary to provide protection for the child, even if in so doing the agency has to act contrary to the wishes of the parent and petition the court for removal of the child. Unless everyone involved, including the community, is clear that the agency has this authority, its workers cannot use it effectively, and the children get partial protection only.

The second factor is the attitude toward the parents and their rights. The old reports show that it was originally not a punitive one. The whole tenor of the child care section of the National Conference of Charities and Correction in the nineteenth century shows that the policies of the protective societies were based on a deep respect for the integrity and importance of family life. The annual report of one Society for the Prevention of Cruelty to Children illustrates this:

Great care must be exercised in not intruding the work of the society beyond its proper limits. The sacred rights of the domestic circle must never be lost sight of nor violated so long as they can be properly maintained, and active measures only taken when other remedy fails. It has been the aim of the Society to at all times endeavor to preserve these relations. Where positive cases of cruelty exist, the first step taken is to learn the full particulars, then endeavor . . . to advise and counsel so that the obligations of the parents to the child may be fully established and understood without the interference of the law.¹

In America parents have the primary responsibility of their children. Children need competent and loving parents more than anything else. With the development of casework has come increased understanding of human beings, their minds, their feelings, and their behavior, and much of this knowledge has been shaped into methods of helping people to change in relation to the problems which bring them to the attention of a social agency. The professional agency, therefore, places its emphasis upon stimulating the potential adequacy of the parents by attempting to inject something dynamic into

¹ Report of the Buffalo Society for the Prevention of Cruelty to Children, 1892, pp. 5-6.

the family situation which will impel them to move, to change, to reach toward their highest possible level of functioning as parents. Protective societies which fail to provide this type of help are not social work agencies but are more closely akin to law enforcement bureaus.

The third factor is the degree to which the agency is limited in securing protection for the child by the terms of the law and its interpretation by the courts. Because neglect or improper guardianship is a relative term, as well as a negative, accusatory one, the degree to which the child is neglected, i.e., the extent to which the quality of his care falls below an acceptable standard—the point at which the community has the right to interfere with the fundamental rights of the parents—makes the definition of neglect a changing thing. It is dependent upon the period, the law, the local standards, the sensitiveness of the community as a whole, the alertness, willingness, and authority of a social agency to assume responsibility for helping the neglected child, and the extent to which a court is free to use its own judgment. The court's discretionary powers are limited by statutory definition, and the judge's decisions are subject to appeal.

Sometimes the authority of the agency and the skill of the caseworker are not enough to protect the child. Some parents cannot move toward change without coming up against the authority of the court. The extent to which a child is suffering from his home condition is determined by the agency through the caseworker, but the possibility of changing his condition is dependent upon the material which the agency presents to the court. It takes great skill to measure the pressures which children are feeling since each child reacts to trouble in his own way. The caseworker has to determine whether the child would suffer more harm from being removed. It is the worker who secures the information and organizes it to present at court, who petitions the court, and who endeavors to prepare the parents for this action as well as the child, so that the parents feel that even the court action is a part of continuing concern for the child.

A children's court which provides or uses resources of high quality for child study, for detention, and for probation is a most potent influence in the field of child protection. The judge himself is the key to whether or not children are removed from their parents before or after all types of preventive service have been tried. Although but a small percentage of the neglect cases of a protective agency get to

court, the manner in which they are disposed of vitally influences the handling of the 90 percent which the agency carries alone.

Through the years courts have broadened their conception of abuse and neglect to include, not events alone, but dangerous conditions and environment. However, the existence of many cases of cruelty and neglect of a more intangible kind, difficult to prove under present law, presents a serious dilemma. These cases involve parental rejection or emotional neglect which was not understood or anticipated when the definitions of neglect were first placed upon the statute books seventy-five years ago. The laws generally are not sufficiently flexible to protect children from psychological cruelty at the same time that they safeguard the constitutional rights of the parents. It is almost impossible to prove that a child's extreme unhappiness or his neurotic behavior is due to his parents' cruelty and is sufficient evidence to warrant his removal from the harmful surroundings if those parents provide good physical care and contest the action. On the other hand, it is comparatively easy to prove neglect against a parent who gets drunk and beats his child, although the child may get more satisfaction from his home, more companionship and love from his most-of-the-time-good father than he could from placement elsewhere.

This makes it essential that agencies which have the power to proceed to court in neglect cases also have casework personnel capable of evaluating the emotional factors involved. The unwanted child may be hard to identify through the many layers of psychological wrappings with which the parents surround him in order to protect themselves, but he is present in large numbers in the caseload of a protective agency. Communities are acutely aware of the need for child protective services of a professional quality.

It takes skillful, professional handling to meet the many emergencies where children are suddenly precipitated into serious trouble. A father living in a rooming house with two small children may be arrested and held with no one to care for his children. A mother whose husband is in the armed forces may be taken to a hospital, leaving several children alone in the flat. Protective agencies have to serve on a twenty-four-hour basis. Otherwise, children often are speeded into a shelter or an institution by a neighbor or a police officer without the benefit of social work. It seems infinitely better for the children if caseworkers enter these situations at the time of

crisis. When an agency establishes a formal set-up whereby caseworkers may care for night emergencies, a large percentage of sudden placements is avoided. A caseworker often can evolve some plan which delays placement for at least a few hours until she can establish herself with the parent and the child on a basis which is conducive to a constructive move.

When a child has been exposed to a sudden crisis in his home, he needs to be helped through it by the caseworker, whether she can prevent or delay a placement; whether he has to go into shelter care, to relatives, or into a foster home. He often is frightened and needs the complete attention of the worker. Since a protective worker is not always in a position to prepare a child for what is going to happen or for what is happening, she has to help him bear it, help him move suddenly into a situation which is strange to him. The way may be made easier when temporary care resources are provided by the same agency and when many protective agencies consider such care to be a necessary resource within their program.

In a program for child protection, provision must be made for the placement of neglected children who have to be removed more or less permanently from their homes. Usually the resources provided for neglected children are the same that are offered to other children needing placement. More professional attention should be given to the fact that children who are removed from home as a result of court action are apt to be in a more highly emotional state than are those placed through the initiative of their parents. The conditions of some children get so bad before they are brought to the attention of the authorities that when they are alleviated, the children's personalities are so badly damaged that the children cannot accept placement in a foster home. Some can be helped by caseworkers and through temporary placement to do so. Other children seem to accept substitute parents so readily that workers are apt to think that they have a real ability to establish deep relationships when that is not the case.

Unfortunately, many neglected children get caught in sudden removals and placements without the assistance of skilled caseworkers and have to carry the entire burden of separation from parents and adjustment to a new life on their own shoulders and in their own hearts. Court removals can be effective only when the child is prepared for, and sustained in, the drastic changes by workers whose attitude toward his parents is not a destructive one.

There are other features of protective service which demand the establishment of community and agency policy: (1) the conditions which control the acceptance of complaints; (2) the kind of approach to be made to the parents; (3) the limits of service; (4) the acceptance or rejection of anonymous complaints; and (5) the protection or use of the identity of the person who makes the complaint.

Although the field of child protection is one of the oldest in child welfare services, and although these special agencies are widespread over the country, the actual coverage in terms of need is quite inadequate, and the standards of professional service are uneven and inadequate. Protective agencies are concerned about the number of children who, at an early age, are removed from their parents and sent into boarding care for indefinite periods because there are no indications that their families will ever have strength or feeling enough to warrant their return. Many of these children are suitable for placement in adoption homes.

There is a need in every community for a protective service that is not based on punishment but is a service to parents in pursuit of better standards of care for their children. Where there are no special resources for working with parents on an authoritative basis, many situations get so bad that children have to be placed elsewhere when it might have been possible, through casework, to have avoided the separation. Aristotle said that the true nature of anything is the highest that it can become. The degree to which parents fall short of their best is the point of focus of the protective agency which helps them through social work to reach their true nature, and only when failing to do so does the agency assume responsibility for the child apart from the parent.

Thus the child protective program is parent-focused, in pursuit of good care for the child. The prevention of child neglect is everybody's job. The treatment of the child who is already neglected, and the work with his parents to help them overcome their weaknesses and their difficulties, is the particular responsibility of the professional organizations which are charged with and equipped to perform such functions.

GROUP LIVING AND THE DEPENDENT CHILD

By Susanne Schulze

WITH THE SUPPLY OF FOSTER HOMES sadly depleted during the war years, institutional care for dependent children has assumed new importance and has even been regarded as a godsend by people who had been loath to acknowledge its existence. That in spite of this forced acceptance, the old concept of an orphanage as a place with questionable standards of child care is still held has been proven time and again in discussions with caseworkers, who showed much guilt over having to use "this last resort," and with social work students. Certain students were asked to associate freely to the term "children's institutions," and their replies were listed under "plus" and "minus" signs on the blackboard. Those who are somewhat familiar with the average layman's reactions toward children's institutions will not be astonished to learn that the list under "minus" lengthened rapidly, including the well-known stereotypes of "too much routine," "too little individualization," "children being stigmatized," etc., and that the students had little to add to the "plus" column. Moreover, in the social group work field, scant interest has been shown in institutional work, in spite of the significance that this setting obviously has for group workers.

And what about the reality of the institutional field itself? In its relatively long history, institutional care for children in this country has come a long way. We can only mention here the main steps of this development which led from the almshouses of the early days toward institutions set up solely for children; segregation into specialized facilities for certain groups, namely, dependent, neglected, delinquent, and handicapped children; and, finally, recognition of the need of the individual child.

And yet, for too many institutions, how true still rings Anna Baldauf's statement, made in 1939:

... every phase of philosophy and development from their very birth lives on in present day institutions throughout the country. While social

work grew and developed, drawing from all available sciences to perfect its disciplines, institutions, with few exceptions, remained aloof. The nature of their physical setup removed from the community and established in their physical structures worked toward their isolation. With always the material to point to there seemed little need to perfect methods whose demonstration value was so slight in comparison. Their chief influences remained those of the historical heritage. . . . It is charity, church affiliation and education which rule policy rather than social work treatment of the child. At the same time, there are actually still some children in almshouses. Is there any wonder that some doubt remains in the minds of many of just how much a child may derive from such an experience or even of how much of it he can take? ¹

In all fairness to the institutional field, it must be said that an ever growing number of institutions has kept decidedly in tune with social work advancements, and indeed, as Lili Peller states, "the discrepancy between them and the worst institutions is probably considerably bigger than the difference between the best and worst public schools." ² But unfortunately, as indicated above, it is by the laggards that the institutional field continues to be judged by many people.

The progressive institutions have, however, accepted fully their responsibility to provide for the child's physical, emotional, social, intellectual, and spiritual needs through up-to-date services. A survey of such institutions would probably reveal that they have incorporated in their philosophy and in their practice much of the outstanding developments in social work theory and techniques in general and in child placement in particular. The most significant developments are:

1. The deepening of the understanding of the individual with the corresponding recognition of the part that the family plays in the development of the child
2. The deeper recognition of the meaning of separation and, at the same time, a more realistic attitude toward the limitations of sick parents and what can and cannot be expected of them
3. An acceptance of the complementary nature of institutional and foster home services rather than the continuing of the assumption that they are in competition with each other
4. An acceptance of the principle that the placement resource

¹ Anna Baldauf, "A Look Backward," *Social Work Today*, VII, No. 1 (October, 1939), 18.

² Lili Peller, "Institutions Can Be Good," *Survey Mid-Monthly*, LXXIX, No. 11 (November, 1943), 295.

should be selected on the basis of each individual child's needs

5. A slow recognition of the institution's basic function as *group living* rather than family living and the resulting need for integration of all services in the institution, especially group work and case-work.

This last stated principle touches upon the core of institutional care, as I have tried to show in an earlier paper³ that concerns itself mainly with debunking the illusion that institutional life can be family life too, and which attempts to clarify the institution's true character as that of group living whose basic elements consist in (1) the association established between all the children in the institution, that is, the institutional community as a whole under the leadership of the superintendent; (2) the close group relationships provided by the cottage or dormitory group under the guidance of the house parents, a couple, or a so-called supervisor, and the interaction between these small living units; (3) the close group relationships to be experienced in clubs and recreational activities under various leadership, and the interaction of these groups; and (4) the informal play groups developed with cottage companions and other children on the grounds.

Important is the fact that all or most of this activity takes place in the confines of the institution's structure, that no matter how open the home may be to the outside world, it is still an entity in itself. Whether or not the potentialities of these basic elements are exploited is, of course, quite another matter. Just what are the values to be gained from their constructive use? May I quote here from a paper, written with Dr. Fritz Mayer, in which these values are listed as follows:

1. The availability of a multitude and variety of facets of which institutional living is composed which may be selected and brought to bear upon the individual child for therapeutic purposes according to his needs;
2. The possibility it offers for direct and continuous observation of the child under various living situations, so urgently needed to arrive at a clear diagnostic picture of the child;
3. The opportunity it affords the child to rub shoulders with a variety of people, adults as well as children, in daily companionship, so very important for the child that has been lifted out of traumatic relation-

³ Susanne Schulze, "How Does Group Living in the Institution Prepare the Child for Life Outside?" United States Department of Labor, Children's Bureau, Washington, D.C., 1944. Mimeographed.

ships and who in this way is afforded a chance to establish, at its own pace of socialization, new relations with both adults and children, singly and in groups;

4. The relatively greater freedom that the child may be permitted in the expression of its hostility because of the greater frequency and closeness of contacts between skilled and professional staff in the institution;
5. The potentialities for the enrichment of the individual through self-expression and achievement in play and work which is of the essence in the treatment of children in particular need of success, recognition and the expansion of their personalities through acquaintance with new interest fields as well as through the deepening of their interest levels;
6. The range of opportunities to develop a sense of belonging and security as a member of the small living unit, of the institutional community as a whole, of the various activity groups, school and work groups and any number of informal play groups with their potentialities for making acceptance a repetitive experience;
7. The opportunity to be reasonably dependent as well as independent in an environment less highly charged emotionally than a family or substitute family, where the "give and take" and "do for yourself" cannot help but be more highly colored and more deeply involved because of the quality and quantity of emotional ties in existence;
8. The frequency of experience with the application of democratic processes to daily life which may have great significance in relation to his learning how to function as a good citizen now as well as in the future;
9. The daily consistent routine, which though often misunderstood and abused, can be a valuable therapeutic factor and helpful to any child, and especially to one who grew up like Topsy and is particularly anxious to know what to expect and to what he is reacting. Furthermore, in the group situation the teaching of conformance to certain routines becomes less of a personal issue of obeying a certain adult but rather, if skillfully handled, a matter of something being expected of the individual child as of others.⁴

This listing, of course, does not pretend to be complete, and I am sure that much could be added to it by those who experience this kind of living with children day in and day out. While the most recent literature indicates that more and more leaders in the institutional field share the conviction that the major function of the institution consists in providing a group living experience, the elaboration of this concept and the constructive use of the basic elements have been slow in developing, both in theory and in practice.

How should this community be set up so that it may allow for maximum therapeutic use as a group living situation? Obviously, the

⁴ Susanne Schulze and Fritz Mayer, "Training Houseparents," *Proceedings of the National Association of Training Schools*, IX (February, 1946), 5.

size of the institutional community has much to do with this postulate. It becomes necessary here to dwell for a moment on the meaning of the word "group." Certainly the "group" that in modern sociology and in the theory of social work is differentiated from "the mass" is anything but a chance conglomeration of individuals. Rather the group implies a network of relationships that have a strongly lasting character and, because of this, can contribute a great deal toward the development of the latent potentialities of the individual belonging to it, especially if it is skillfully guided according to modern group work principles. Can it not be clearly seen, then, that the many institutions whose population exceeds a hundred children, have little chance to succeed in using group living constructively? The superintendent of such an unwieldy body will find it difficult, if not impossible, to create a healthy social climate which, after all, is one of our strongest treatment influences with children whose strivings, drives, and conflicts too often had remained latent, because of an undesirable home situation, and thus served to distort their personalities. They can only be helped through the medium of creative expression and satisfying human relationships that will lead to self-respect, personal satisfactions, and group recognition and in this way make it possible for them to become better integrated individuals. There can be little doubt that the only social climate that leads to such results is the truly democratic one.

Much has been said on how life in an institutional community is either furthered or hindered by the kind of plant in which the residents are housed. We have seen backward institutions with elaborate buildings and equipment and we have also witnessed excellent programs in outmoded structures that with much imagination were made warm and liveable, showing as Eva Burmeister says, "that a program can be modernized even if the house is out of date."⁵ "However," she continues, "such a demonstration is not our function. The needs of children could be met more effectively if we could care for them in small units and in more simple modern settings."

Yet, obviously, even more related to the effective functioning of the institutional community is the matter of the composition of its population, both as to what the individual child may or may not get out of this experience and as to how the children will affect one

⁵ Eva Burmeister, *Children of Today in an Old Fashioned House; Ninetieth Report of the Milwaukee Orphan Asylum, 1938-1942* (Milwaukee: Milwaukee Orphan Asylum, 1943), p. 26.

another. This leads us to a discussion of the selection of children in terms of their readiness and fitness for group care, the process usually labeled "intake." As in any child placement situation, it is necessary to consider first of all whether the child is emotionally ready to leave his home, for children who are overdependent on their families cannot use placement constructively. Rather, because of the heightening of their problems, they tend to disrupt group living. Just as significant is the decision as to which child will really fit into group living, since it is on this concept that the treatment value of the institution is primarily built.

Unfortunately, even yet, institutions are now and then used as a "last resort," which generally leads to sad results for both the child and the institution. Even those caseworkers who have abandoned this undesirable practice are too often more sure in their diagnostic thinking regarding Johnny or Mary as a person than with regard to the proper placement resource that will best serve the child's needs at a particular time. This discovery does not seem too strange in view of the workers' frequent dearth of sound theoretical knowledge in the area of modern institutional care as compared to their understanding of foster home care and, alas, their appalling lack of practical knowledge of the institutional resources in their own community. For just these reasons a committee of caseworkers in Cleveland made an attempt to arrive at some general criteria as to which children might best profit from placement in a dependency institution. They were fully cognizant, of course, that above all, emphasis should be given to the individual needs of a particular child, and that such criteria should at best be considered as only a guide. Accepting as their basic assumption Hyman Lipman's statement that children who need close relations with substitute parents should be placed in foster homes, whereas children who need a more diluted relationship with adults would be better off in institutions, they singled out the following types as those who would profit most from group living:

1. The child who has such strong family ties that his acceptance of substitute parents would be difficult
2. The child of separated parents who is being used as a pawn by them to meet their own needs, with the situation heightened when one or both parents have remarried
3. The child of certain inadequate parents who, because of their

attitude toward failure as parents, seem to prevent another family's success with their child

4. The child who is unable to form the close relationship with adults that is required in a foster home

5. The child who has had a succession of failures in foster homes and is in need of a less personal environment before again attempting family life

6. The child who requires a period of close and continuous observation in order to determine his needs

7. The child over six years of age who needs regular habit training

8. The child who needs protection from unstable parents.

In addition, it was the consensus of opinion of these workers that the ordinary institution can admit only a limited number of seriously disturbed children without impairing its services to all.

The children for whom placement in institutions was not considered as beneficial included infants, preschool children, orphans, feeble-minded, hyperactive, and completely withdrawn children.

We now come to one crucial area related to institutional care, namely, that of grouping the children in cottage or dormitory groups. It is indeed to these small units that we look for one of our most potent tools in personality and character training. It is here that the effects of the institution's services find ultimate expression in the day-by-day living of the children. Therefore, these units should be composed "with a view to attaining group balance and personality inter-activity."⁶ That there should be only one book, namely, Moreno's *Who Shall Survive?*,⁷ that deals primarily with this vital subject of grouping in children's institutions is almost unbelievable. Even more disturbing is the fact that in practice we still mainly adhere indiscriminately to either the homogeneous age grouping (children from six to eight, nine to eleven, etc.), or to the so-called "stepladder grouping" (a wide age range to simulate the family), and in some instances we even continue vicious segregation principles, such as separate cottages for Negro and white children, discipline cottages, and cottages for children with low I.Q's.

Individual children, then, are referred to these various set-ups by what Moreno calls "trained intuition" or by the hit-and-miss method.

⁶ Samuel Richard Slavson, *Character Education in a Democracy* (New York: Association Press, 1939), p. 136.

⁷ Jacob L. Moreno, *Who Shall Survive?* (Chicago: Beacon House).

Yet there is no excuse for such procedure, for even though one might not wish to follow Moreno's rather complicated method of "choices," there are excellent suggestions to be gleaned from several other publications,⁸ and especially from Slavson's *Introduction to Group Therapy*.⁹

Though Slavson himself calls attention to the tentativeness of his findings in the area of grouping, and though his material was collected in a different type of work with children, there is much that seems applicable to our institutional setting. I can indicate but briefly some of the significant factors:

1. The importance of knowing through intake material the personality pattern of the child in order to be able to predict somewhat his effect on other children and vice versa
2. The imperative requirement that the number of children in a group to be used for therapeutic purposes be limited to eight
3. The desirability of limiting the basic age distribution to a two-year span
4. The necessity of weighing social maturity and of making the necessary adaptations in relation to chronological age
5. The danger of having too many aggressive children in one group, as well as of having groups of children, all of whom are withdrawn
6. The advisability of one-sex groups for adolescents; whether or not such an arrangement is better for younger children as well has not as yet been decided upon
7. The relative insignificance of the intelligence quotient as a criterion in grouping
8. The major importance of preventing the re-creation in the group of the traumatic child and adult relationships and problem-producing atmosphere of home and school.

Slavson also points up the need for great flexibility, indicating that sometimes individual children will have to be reassigned, and occasionally whole units will have to be regrouped to avoid reinforcement of one another's problems. With all these factors in mind, it seems clear that the selection of the small living unit for an individual

⁸ Fritz Redl, *The Detroit Group Project Summer Camp; the Case Worker's Manual* (Detroit: Detroit Group Therapy Project, 1945).

Margaret Svendsen, Dorothy Spiker, et al, *An Experimental Project in the Integration of Case Work and Group Work Services*, published by the State of Illinois.

⁹ Samuel Richard Slavson, *Introduction to Group Therapy* (New York: Commonwealth Fund, 1943), Chap. 5.

child should not be left to an administrative decision of the superintendent, but should be a group decision of all staff members vitally concerned with the care and treatment of the child.

We now come to the most vital point at which the institution's contribution to the individual is being made, namely, life in the small unit itself. It is to this setting that we primarily look as the place where the child's basic needs for love and security can best be met. What, then, are some of the prerequisites for making this living together truly therapeutic and useful as a tool in the re-education of the child?

First, we want to stress the importance of a dynamic concept of such group living as one that is so geared that the deeper responses of the children to one another and to the adult in charge may be mobilized. Much will, therefore, depend again on the atmosphere or social climate prevailing in this small organism. The farther it gets away from the old emphasis on competition and the more it tends toward the spirit of coöperation, the surer we will be of its re-educative results. This, then, means using purposefully and to the fullest every phase of daily living with a keen awareness of the needs of each individual and of the group as a whole. To this end there must be a stimulating activity program in which the influence of the children upon each other is employed discriminatingly and, moreover, in which "the feeling of satisfaction and release of tension which arise from adequate, creative group functioning must be backed by satisfying adult-child relations."¹⁰ All this, then, is a far cry from the boring monotony to which so many children in our institutional groups are still exposed and which must be largely held responsible for the children's inability to attain balance. It is a far cry, too, from those rich activity programs whose emphasis seems to be mostly on keeping the children busy and out of mischief. Obviously, wherever one or the other of these situations obtains in a cottage group, the institution has as yet failed to recognize "that the strivings, drives and conflicts that remain latent and serve to distort personality need release through some medium" and that "in corrective education the media are creative expression and human relations."¹¹ May this blindness be responsible for one of the most serious shortcomings in our institutional practice? We are pointing here to the fact that the position of

¹⁰ Samuel Richard Slavson, *Character Education in a Democracy*.

¹¹ *Ibid.*

cottage leader has not yet been accepted by the institutional field as the key position it really is, obviously requiring the highest personality qualifications and a sound measure of professional training. If indeed the cottage leader is supposed to have an essential part in the whole treatment plan for any child in her group, her role clearly emerges as the hub of the wheel. Yet, unless she is definitely understood to be in the best position to make use of and to implement the values in group living, no amount of casework and psychiatric help offered to the child will do the trick. Certainly the effectiveness of caseworker and psychiatrist in particular, as well as the teacher and recreational worker, is dependent to a large degree on the way the children are cared for in their small living unit.

How far removed we are from accepting these simple truths became evident in a study, "I Work In An Institution," made by a group of graduate students at the School of Applied Social Sciences at Western Reserve University. It was found that there was not even a clear-cut job analysis for the important position of housemother, and that according to their preparation for this work, the tasks they actually performed, the working conditions and salaries they were accorded, housemothers in no instance held key positions. It must be granted that we encountered in course of the study a number of women who instinctively fulfilled many of the expectations with which we endow the role of housemother. But how much better might they have done, and how much more satisfaction might they have derived from their work if, through professional training, they had had an opportunity to acquire a sound and well-rounded body of knowledge and a professional personality? Moreover, if the institutions were staffed with professionally trained cottage personnel, two major difficulties that jeopardize their effectiveness might be alleviated: If the cottage leader, as a professional person, had more of a stake in her job, she might feel a stronger desire and a greater obligation to hold her position than she does at present. The turnover in this work is appalling and certainly damaging to the children in placement. In the second place, a housemother's professional status might eradicate much of her jealousy of caseworkers, psychiatrists, and others toward whom she feels inferior as an untrained person, and thus real teamwork in the institution might finally become possible.

It seems obvious that neither our present curricula in child welfare nor that in social group work would give the kind of preparation

these cottage group leaders need, and a new curriculum in both will therefore have to be set up. What this curriculum should include may be briefly indicated as follows:

1. Material on the growth and development of the child as well as the common deviations in behavior and their causation
2. Group work principles especially adapted to group living and skills to be used in program activities within the cottage
3. The most important basic principles of child placement and a brief survey of the field of child welfare
4. Health measures and programs
5. Cottage administration.

While this demand for professional education may sound utterly impractical, even Utopian, let us recall that our casework agencies and, to a smaller degree, our social group work agencies have professionalized their work only within the last half century, and so has education. In institutions where attempts have been made to bring the houseparent work up to standard by in-service training and by more consistent supervision, the efforts have failed to bring the desired results. Those who tremble at the thought of adding to an already inadequate budget a sizable increase in expenses for the type and size of staff implied and for such other program modifications as I have indicated, need only recall what happens when deprivation extends to the next generation. Shall we constantly look forward to enlarging our institutional facilities for the admission of an increasing number of deprived children, or shall we invest our knowledge and resources in helping today's children to become happy, well-adjusted adults?

DETENTION FACILITIES FOR CHILDREN

By Sherwood Norman

KNOWING THAT CHILDREN ARE BEING HELD for court hearing under conditions which rival those of *Oliver Twist's* day, and being besieged with requests for help in setting up modern detention facilities, the National Probation Association undertook a study of the best detention facilities in the country for the purpose of developing principles and standards. Forty-three facilities in twenty-nine communities were studied intensively, and twenty-five others were visited. These sixty-eight facilities, in twenty-two different states, represented all parts of the country.

A detailed working outline served as a guide to complete coverage. In each community interviews were held with juvenile court judges, probation officers, superintendents, staff members, and other individuals whose work was related to the detention of children. Daily activities of detained children were observed, and building plans were secured or sketches made to show the arrangement of rooms, etc.

Emphasis was placed throughout the study on the kind of life provided in each home and the effect of detention upon the individual child. A brief evaluative report was written on each of the facilities studied. In order to make the work immediately available a preliminary statement has been prepared¹ which will be followed by several brief but more detailed supplements on community planning for detention; detention intake control; building designs (including plans); staff; program and discipline; boarding and residence-type homes; and how to evaluate a detention facility. Each pamphlet will be circulated as soon as it is prepared. Comments and suggestions will be invited, and the whole will eventually be revised and published in book form.

In the twenty-nine communities we studied—and these were the communities with the best juvenile detention facilities in the country—we found a total of 2,382 children held in jail in 1944. There may

¹ "Detention for the Juvenile Court; a Discussion of Principles and Practices." An advisory committee for this study consists of representatives of outstanding agencies concerned with detention care for children.

have been more, but in many places we found that no records were kept. Only five of the forty-three facilities claimed no jail detention. We found that some courts detained routinely every child on whom a petition was filed, and the petitions were filed recklessly. In most courts children who should never have been detained were thus penalized for the simple reason that the juvenile court offices were closed for the day or for the week-end and there was no court representative available to take the responsibility for releasing them to their homes. This practice is almost universal.

We found no uniformity in the administration of detention homes. Two thirds of the homes were overcrowded. Sometimes two and three times as many children were held as normally provided for by the quarters. We found great variations in the length of stay. Lack of adequate institutional and foster home placement opportunities was the most frequent cause of long detention. Resident study homes and treatment centers where a thorough diagnosis of underlying problems could be made were available to only three of the twenty-nine juvenile courts included in the study.

Although reasonably good physical care was provided in most of the detention homes, the kind of life conducive to mental health for children was frequently lacking. There was a tendency in almost every community to concentrate on one type of detention care to the detriment of the children who needed other types of care. For instance, detention homes geared to the care of dependent and neglected children failed to provide security for the older delinquent group who were relegated to the jail. Other homes were operated as though all the children detained therein were young criminals. Nowhere did we find really adequate provision for the sixteen- and seventeen-year-old delinquent youngster although juvenile court jurisdiction in over half of our states now includes this group.

Underpaid, untrained, and unqualified staffs are the rule rather than the exception. Only four facilities provided the kind of program for the children, and in-service training on a sound professional basis for the staff, which would attract satisfactory personnel. Five others made fair provision, while the rest had either inadequate in-service training or none whatsoever. Nowhere did we find a building that could be considered as a model for design.

Finally, in most detention homes we found the very conditions which out in the community are pointed to as causes of delinquency:

lack of understanding relationship between the child and adults; the presence of companions who act as delinquency seducers; lack of a full recreational program; lack of a meaningful school program; lack of professional child guidance services, etc.

Why do these conditions exist? First of all, society as a whole has not accepted, even for children, the idea that to drive home society's disapproval of antisocial behavior is not the most important step in treatment. A second reason is that detention home administrators are unsure as to what makes detention a helpful service to children and to the court. We find many superintendents sincerely trying to provide what to them seems to be good detention care. However, untrained staffs, limited budgets and facilities, but above all narrow concepts, tie their hands. A third reason is that our idea of the cost of detention care and of the need for more and better trained staffs is so limited that we dare not spend two and three times the amount now spent on detention. This increase is necessary, however, if we are to keep out of the detention home those children who do not belong there and give really expert care to those who do.

What did we find on the positive side? Our answer is in "Detention for the Juvenile Court; a Discussion of Principles and Practices." This is not a theoretical treatise but is based on the best practices we found. For one thing, the eight-hour day has definitely arrived in detention institutions even though the increase in workers does not reduce the size of groups under the care of each supervisor. In one detention home more than 85 percent of the workers had some college education. In another we found that the salaries of children's supervisors started at \$2,500 and rose to over \$3,000.

At least five juvenile courts set up satisfactory controls for detention intake. Several detention homes provided professional casework services and used the guidance clinic for in-service training. Still others were successful in fostering a mentally healthy social climate and a really live activity program. These were the homes in which adult-child relationships seemed to be more on a camper-counselor basis than on a prisoner-guard basis. In these homes children were helped to make use of their minds and their bodies on a level which had meaning for them. The program provided creative outlet for tensions and anxieties. There was no marking-time objective in these homes, and children were not subjected to emotional starvation at a critical period in their lives. With one exception it was only among

the boarding homes and smaller institutions that we found a life for detained children which emphasized to the child society's interest in him rather than its blame.

Suppose that you had to do penance for your sins by becoming superintendent of the detention home in community A, a county of nearly one million in population. The detention home in this community represents a composite picture of the nation's "better" detention homes.

You discover that detention for the juvenile court is handled in a large institution that admits more than four thousand children every year. It has capacity for 100 but often it cares for 125, 150, or even more, mainly because of the neglected children who wait in detention for months before placement can be made. One third of the children remain overnight or over a week-end waiting for the court to decide whether or not they should be detained. You knuckle down to learn the ropes from the assistant superintendent, who is also the housekeeper and sometimes the substitute matron.

"The children do most of the work here," your guide explains. "It cuts down on the cost of maintenance, keeps the kids busy, and teaches them something about housekeeping. And we are really proud of the food we serve these children. It costs the county only thirty-five cents a day for each child." You remember that this was the minimum standard set for children's institutions in 1941 and that there has been considerable increase in food costs since then. From the window you see a small courtyard where boys are milling about with a ball. "Can't they have baseball bats?" you ask. "Oh, no!" is the reply, "the space isn't large enough, and anyway a bat in the hands of these delinquent boys would be too dangerous for our staff." With much locking and unlocking of doors you are led through the maze of hallways until you come to one of the units for delinquents.

This home has been considered progressive because it provides separate units for different age groups. You find that a unit consists of a large dormitory, a bathroom, and one recreation room. Not a wrinkle marks the white bedspreads. Twenty-five girls are lounging about the sparsely furnished recreation room, playing cards, looking at comic books, or just sitting or looking wistfully out of the window. "Couldn't this room have a shuffleboard game painted on the floor, a victrola, or perhaps a crafts corner?" Your guide is horrified at the danger of putting shuffleboard sticks in the hands of delinquents and

tips you off that most of the matrons would quit if they had that sort of thing with which to contend. You hear from more than one of your own workers, "There's no point in giving them more things to do, they just break up anything you give them."

Moving on to the units for dependent and neglected children you see fifteen preschool children in a playroom without an object in it that a child could move. Some stand at the window or door, some push each other around, several sit in out-of-the-way corners and knock heads or feet rhythmically on the wall. The supervisor is sorting clothes in the next room and steps in if the noise gets too bad. A four-year-old crying under the table is pointed out as one of a family of five brothers, an eviction case. "He misses his brothers who are all in other units. You see, we keep the younger children here in the girls' unit." Inquiry about other cases shows that social agencies use the detention home until they find out how much the court can expect the parents to pay for care for a longer time. If the payments turn out to be too small, it is easier to leave the children in detention and place those whose parents can afford to pay more.

In returning to the office you pass the delinquent boys coming up from the yard in silence and marching in line with arms folded. "Why is this necessary?" you ask. "Because if they are allowed to talk they become too noisy, and if their arms are not folded they are always pushing each other. One person can handle twenty-five or thirty of these boys very smoothly by just sticking by these time-tested rules. The secret is to do everything the same way every day, and if any child oversteps, make an example of him." "How?" "Oh, give him extra work, deny him yard privileges, prevent him from seeing his parents—that always works—or give him a taste of isolation. Of, course, sometimes we have to ask the judge for a court order to send him to jail, though we try to avoid that." You think of your own childhood and of the price the kids must pay to make detention home mass supervision easier.

You realize that most of the youngsters are unstable and unhappy human beings, some are neurotic, and a few exhibit psychotic behavior. They need expert counseling and the kind of life which, even for a short time, will help them regain some confidence in their own worth, some self-respect, some sense of achievement. There are many details of administration which you can improve, but you soon discover that the really basic needs have to go unmet. You get civic

clubs and citizen groups to supply materials, but your supervisors are overworked and have too little training to use them. They resent being urged to let the preschool group use crayons or building blocks, because it complicates supervision. It is really only you who wants children to be active. Everyone else operates on the principle of take away—take away everything that can possibly make any trouble. Former housekeepers and factory workers, paid about \$125 per month or its equivalent, and charged with the care of emotionally disturbed children, could hardly be expected to give individual attention and guidance to twenty-five of them even if these workers did not have to do maintenance work, sort laundry, receive new children, prepare others for court at a moment's notice, etc.

To your growing list of frustrations you add the building, which is so ill adapted to any kind of meaningful life for children that regimentation is almost inevitable. Nothing can be done about the way the home is used by social agencies because of the loopholes in the juvenile court law and the difficulty of securing interagency coöperation. You cannot secure psychological and casework services because the clinic has its hands full with routine diagnosis for the court. To use the guidance clinic in training your staff is out of the question for the same reason, and also because your present personnel would be incapable of absorbing such training. You eat your heart out, seeing so many eager boys and girls with real potentialities thrust toward the prisons, the mental hospitals, or lives of unhappy ineffectiveness. Detention could help set these children on the road to readjustment instead of increasing their resentment toward society.

You turn to your assistant. "We're going to change all this. We'll get the public and private agencies to take over their own job of temporary care and to use the court as a judicial agency only when necessary. We'll try to secure immediate intake control of the delinquent children. We'll outline a plan for well-trained, well-paid personnel to insure that detention will be a constructive experience. We'll sell it to the community . . ."

But your assistant is shaking her head and smiling sadly. "I've been here fifteen years," she says. Superintendents have come and gone, some of them with the same ideas. You'll get over it like they did."

The more you know of unadjusted children, the heavier is your penance. You, like the children, are doomed to failure, but unlike the children you can cover it up by resorting to techniques which give

the home an appearance of efficiency, cleanliness, and good discipline. This will satisfy an uninformed community, but in your own soul you know you are a hypocrite.

Having endured your penance in community A you are suddenly assigned as superintendent of the detention home in community B, a city which is closely comparable to A in location, size, population density, and so on. The home is a composite of the best detention homes we have seen. You speed to the scene to see what new nightmares await you. At first you completely overlook your new detention institution at the address given—it could pass for a private home. Where is the rest of it? The answer to your question is the keynote of your new detention program. You find that instead of detaining 3,000 delinquents, like community A, community B detains only 1,000 delinquents annually. Dependent and neglected children are cared for by the private agencies and the department of public welfare in boarding homes and in special institutions. Nor are community B's 1,000 delinquents housed in a congregate institution. Instead, one specially designed detention home accommodates a maximum of ten boys and six girls, the majority of them between the ages of sixteen and eighteen. Another small home, also specially designed, accommodates a maximum of twenty-five delinquent boys and girls from about twelve to sixteen years of age, but it is rarely filled. Both are located close to the juvenile court. You are told that no children are brought directly to the detention home but are taken to the intake department of the court where qualified workers are charged with the authority of the court to detain or release them. You find that when this plan was inaugurated sixteen-hour intake service was provided by the court in order to avoid the costly and often damaging overnight or week-end placement of children who could otherwise be left in the custody of their parents. Now, however, a well-informed juvenile police bureau coöperates by bringing only the more serious cases to detention when court offices are closed.

The home that you almost overlooked is for the older offenders who must be held under conditions of physical security; for there is no jail detention in community B. Despite the inoffensive appearance of this home it has metal-sash security windows and other special features. It has a large, well-protected play area. Six boys and five girls are now detained here. Each youngster has an individual sleeping room, and the boys and girls each have an activity area consisting

of a rumpus room and a school-and-hobbies room off of which is a reading alcove. These rooms are separated from each other by coarse grid screening of heavy material which gives full vision throughout. Everything is light, airy, and cheerful. On mats in the rumpus room you distinguish four different anatomies working out tumbling routines. "That's three boys and the supervisor," you are told. Two other youngsters in the reading alcove are crowded against the wall near the built-in radio, deep in a ball game. The sixth boy is putting the finishing touches on a small jewelry box which he has made for his girl. The supervisor joins you and keeps a relaxed but alert eye on the activities in progress. "The secret of letting the boys be themselves and yet avoiding trouble is partly in the layout, which is absolutely secure but invites rather than denies activity; partly in having one man with group work experience give his undivided attention to a small group. The caseworkers, psychologists, and psychiatrist figure out what is going on inside these fellows and what they need from us. In staff meetings we all pool our experiences."

This kind of care for the older delinquent with its high ratio of at least a partially trained staff is expensive, you know, but it is a thoroughly sound investment if applied to the right boys and girls. It would be hopeless to try to work it out in community A's dumping-ground.

The home for detaining the younger delinquents is similar to the home for the older ones except that in place of the reading alcove there is a living-room-library, enabling small groups of children to engage in separate activities within full range of the supervisor. This room and the school-and-hobbies room are separated from the rumpus room by heavy shatterproof glass partitions. Special teachers and a professional group worker serve both institutions, supplying the supervisors with ideas and materials for their work.

As you approach the dining room, peals of laughter reach your ear and do not cease suddenly because a visitor appears at the door. The boys' supervisor has pushed back his plate, and a lively discussion ensues. As your presence is noted the supervisor explains that this after-dinner bull session is becoming a tradition. You learn that the meals cost forty-five cents per day per child, but the allowance is being raised to meet the rising food costs. "How about discipline?" you inquire, noticing the informal manner of the children as they leave the dining room. "We don't have much trouble. There are things

for these kids to do here that they've never had a chance at before—and there are people to show them how. We think our main job is teaching, and the place to begin is where they are, not where we think they ought to be," the supervisor says. "When serious problems arise, we always use the psychiatric caseworker, who seems able to help the child get at the root of his difficulty. These youngsters don't resent detention, because they have learned through their own grapevine that we are interested in them rather than out for retaliation and punishment." As you notice the relaxed and natural behavior of these youngsters and compare it with the tense or submissive behavior of children in community A's detention home you know this is true.

When you return to the court, one of the intake workers explains that community B has a well-developed juvenile police bureau whose workers receive in-service training from a police school which draws upon the juvenile court, the child guidance clinic, and the executives of other children's agencies. This bureau locates the trouble spots, screens out minor offenders, and refers children and their parents to the appropriate agencies. It does not attempt to duplicate the services of other agencies by engaging in group work activities or putting children on "probation." You learn that less than 25 percent of the children arrested are referred directly to the court. The others—minor, first, and second offenders—are warned in the presence of their parents. Only a small proportion of the first offenders are repeaters.

Not all the 25 percent who are referred to the court are detained. "In these cases," the intake worker says, "we seldom let the offense itself be the basis of our decision to detain. It influences our decision in cases of armed robbery or serious assault, but the apparent home situation and the attitude of parents and child toward each other and toward the offense are our guideposts until a thorough social investigation can be made. In new cases this often has to be a snap judgment, but we seldom have trouble with youngsters who are released to their parents pending hearing."

In further discussions at the court you find that longer-time placement facilities are by no means wholly adequate but that the court is actively working with citizen groups and the council of social agencies, and long-range plans are being made.

Community B does not represent the only solution to the problem of detention, but it acts upon certain basic principles: adequate serv-

ices to children in the community, thereby preventing the detention of nondelinquent children; around-the-clock intake controls, made possible by police coöperation, which insure a minimum number of detained children; orientation interviews and casework services; a high proportion of qualified staff; in-service training which stems from the guidance clinic; a full and varied activities program; and the segregation of children according to age and social adjustment.

Small communities might do well to take a tip from community B. Well-subsidized boarding homes or a small residence-type institution could take care of the children who do not require security detention. For those who do, a small specialized institution, well staffed and having access to clinical facilities, could serve several counties. Until we can establish such regional detention homes with high standards on a statewide basis it is unlikely that we can stop the destructive use of jails for children. Larger communities unable to use a plan of boarding home detention can, like community B, develop institutions which will preserve the basic principles of small segregated groups, rich and varied activities, and skilled personnel.

Before any community can really meet its detention needs three essentials must be recognized. The first of these is an entirely new concept of detention itself. Safe physical care and custody as the only considerations must go. We have not yet fully met even these needs. But we must do more than this: we must meet the mental and emotional needs of children if detention is not to be a destructive experience. In so doing we will learn a great deal about the child, his potentialities, capacities, response to therapy, etc.—information which should be passed on to the court.

The second essential is a strengthening of court intake so that children who need not be detained are kept out of detention even for overnight.

The third essential has to do with strengthening community services which keep children out of the court and the detention home, shorten the length of stay by providing adequate institutional and foster home placement facilities, and provide the kind of detention home administration which will make expert care possible. It has been stated that children are found in detention in inverse relation to the adequacy of basic community services and facilities.

This does not mean that the court should blame the social workers and the social workers, the court. There has been altogether too much

of this sort of thing. Responsibility rests on both the court and the other social agencies serving children to get together and set up a five- or a ten-year plan to meet the community needs of children so that there will be no gaps affecting certain groups, no inadequacies which result in detention bottlenecks. In communities where detention has been kept to a minimum we find that casework, group work, and family service is strong. At the same time we find that detention intake controls exist beyond court office hours. To get anywhere with the problem of detention we must approach it on these two fronts by re-examining our concepts and practices of probation and detention as well as the adequacy of our services to children in the community.

If we are fighting a war against delinquency rather than against the delinquent we will wipe the jail detention of children and the juvenile jail type of detention home off the map. We will construct specialized buildings that will not be monuments to delinquency, because we will see that intake is kept down and that personnel and program come first. Above all, we will see that the concept of physical care and custody is strongly re-enforced with a program which will meet mental and emotional needs and bring the child at a critical period to understand the authority which is offering him treatment.

UNDERSTANDING THE ADOLESCENT

By Marechal-Neil E. Young

TWELVE YOUTHS DIED in New York City in 1945, victims of adolescent gang warfare. This is important evidence discovered through investigations of the East Harlem Gang Survey, a research group conducting scientific studies of juvenile gangs in that city. Other large cities the country over have tragic records of juvenile conflict, most frequently in borderline districts. Typical of adolescents who are striving to be adults, these teen-age boys and their girl-friend decoys adopt the gang terrorism of seasoned criminals. They use ingenious homemade guns, brass knuckles, cruel knives, and fight rival gangs with all the viciousness they can muster. Questioned, they say they must belong to the gang. They have to be tough to survive.

Seven youths, members of the Oak Ridge Youth Council on the Atomic Crisis, spent a week in Philadelphia in March of 1946, speaking to large gatherings of public school youths. Here was a group of teen-agers, whose parents had helped to create the atomic bomb, bringing thousands of adolescents to wild applause with their statements of "world peace or destruction—there is no other way in an atomic age." The young people in these audiences were loud in their demands for the right to go on living. They clamored that their protests against the use of atomic energy as a weapon of destruction be heard. Questioned about causes of war, they answered that "nations, like individuals, have acted selfishly. There is too much misunderstanding between peoples. The distribution of the world's goods has been faulty."

Far apart as may seem the idealism of these youths and the daily fears of juvenile gangs for whom terrorism is daily experience, there is a common thread of relationship. Close observers find fragments of gentleness, respect for codes of honor, and democratic practice in individual members of the most vicious gangs. Oak Ridge students agreed that they were not always alive to world situations. They said that it was natural for young people to be occupied with having a good time. "We are a little bit selfish you know," one student admitted. Another said, in defense of our nation's use of the atomic

bomb, what amounted to "we have to kill or be killed." Youthful gang members who feel that they must be tough to survive and Oak Ridge students who feel that they must find a way to end global war are one in experiencing powerful drives for personal security. Adolescents have their greatest struggles around feelings of uncertainty.

Basic to any understanding of adolescent reactions to cultural forces is recognition of the fact that much of the difficulty of adjustment for this age group results from the strain of rapid physiological change. Since physical maturation is accompanied by feelings quite different and usually more intense than those the young child is aware of, much might be said of the increased emotional conflicts resulting from the physiological changes of the pubescent period. It might be emphasized that these changes make even more difficult the adaptations adolescents must effect to changing economic, vocational, and social factors that influence their growth.

Change within the adolescent is painful; continual upheaval in the intimate world of his home and in the broader associations of the world outside adds to his insecurity. Economic changes have been vast in their total impact upon our culture in the war years and post-war period. Reactions among the family members closest to adolescents have been equally as intense. Predictions of the extent of nation-wide unemployment are creeping into discussions of economic trends. The most optimistic reports point to a curious situation of rising employment accompanied by rising unemployment in 1946. Unemployment, related to demobilization and job seeking by veterans, is bound to increase from the low wartime levels. If nonveterans continue working with no reduction in their numbers, close to eight million jobs must be found for veterans. On the other hand, figures of the Employment and Occupational Outlook Branch of the Bureau of Labor Statistics, United States Department of Labor, point to a gradual rise, except for seasonal variations, in employment levels. Moreover, in general, the exodus of women, youth, and retired workers from war jobs has been greater than anticipated, and technological reconversion has been speeded up greatly.

Important as it is to have information about these broad economic trends, the reality of these changes for particular families is sharpened when personnel workers report, for example, that many war workers and veterans are not looking for jobs until they have had extended rest periods. Many workers do not want jobs that mean great reduc-

tions from wartime wage rates. A study of claimants for unemployment compensation in Atlanta, Trenton, and Columbus, in the fall of 1945, revealed that if persons claiming compensation in those cities should accept the available jobs, their losses in take-home pay would average from 34 to 49 percent for men and from 49 to 53 percent for women. Thousands of workers who migrated to war production centers are now seeking other places where work opportunities look more promising. Some have been stranded with the closing of shipbuilding and aircraft industries. The specialized skills of many of these workers are not always immediately adaptable to peacetime opportunities. Strikes of long duration in major industries have brought temporary hardship to some communities.

In preparing this report on the changing status of the adolescent, the writer secured reactions through questionnaires and interviews with twenty-five secondary school counselors, caseworkers, and group workers from youth-serving agencies. Reports of the daily contacts of these workers with adolescents and their families point to an increase in feelings of insecurity and growing fears of having to return to dependent status. One counselor writes:

Most families in the community fared well during the war. The children had plenty of money; families purchased homes; life was comfortable. The change was felt most when strikes began. Most of these people hesitate to request public assistance because they do not want liens on their homes. Asking for financial help is difficult for adolescents. They will stay out of school, or come unprepared and take unsatisfactory marks rather than report the change at home.

Several counselors report that the advent of high war wages caused an exaggerated emphasis upon material things. Parents who had been forced into frugality in the depression years abruptly changed to abundant giving of allowances, new clothing, and expensive pleasures to their adolescent children. These young people suffer from a failure to realize the true place of intangible values in life. The conflict they experience with economic reverses is even harder to bear because, too often, they feel that things that are most worth while are those which can be bought with money. A junior high school counselor reports the case of Elizabeth Wells, aged fourteen and a half, a mentally dull, physically unattractive child, who has a close relationship with her family and a feeling of practical responsibility toward them. She is the oldest of six children. Says the report:

Elizabeth's father had been a worker in a war plant, but left there several months ago to invest his small savings in a business of electrical contracting. Because of lack of materials and perhaps of skill, he has been unable to get business. A few weeks ago, the family hit rock bottom financially, with the gas and electricity cut off, and with Mr. Wells's meager earnings scarcely enough to buy food. Elizabeth has had a great deal of feeling around all of this. She frankly dislikes school, but she would attend regularly and do her best if she could feel "the same" as other children. Unable to participate in any school activities involving the slightest expense and at times even unable to have lunch, she feels conspicuous. Poverty has caused other problems in school. Her gym suit was not clean because she had no soap with which to wash it; she could not bring material to sewing class. These things have been adjusted, but the family refuses to ask an agency for help, and Elizabeth has a great many conflicts, not only in relation to herself, but to her family.

The contribution of returning servicemen to family economic stability is a factor to be considered. Some families had their first experience in receiving a steady income when they became eligible for government allotments. Now, as servicemen return, these families are again threatened by irregularity of income. There are other families, however, for whom return of the chief wage earner means a higher living standard and greater economic stability.

Many families have been distressed by housing shortages that have made their existence even more perilous. Adolescents who seek freedom from adult controls are normally thrown into conflict with parents who are fearful of their growing independence. These young people are even more resentful of interfering relatives who add the weight of their authority when families double up in desperation. Jim Newton's story illustrates how serious this problem can be for a teen-age boy. Jim's father, who was discharged from the Army recently, feels that his rating as a technical officer with major responsibilities in radio communications qualifies him for well-paid work in civilian employment. This opportunity is not available just now, but Mr. Newton prefers to wait for the right position. Meanwhile the family, unable to find cheap living quarters, moves in with a bachelor uncle who is quite rigid in his discipline of the adolescent. Jim's relations with this uncle became increasingly difficult. The boy began keeping late hours, lounging on street corners. Finally he stole money from his uncle, who promptly saw to it that he was committed to an institution.

An extreme example of how inflated housing costs temporarily

affected the opportunity of an adolescent to pursue a normal life is part of John Williams's story. John, aged fourteen, was referred to the school counselor by his scoutmaster because he lacked money to buy new glasses and did not have regular lunch money. The counselor reports:

John is an only child and lives with his mother. The father died about seven years ago. For several years prior to the father's death the parents were separated. During the separation the furniture was sold by the father. Mrs. Williams, the mother, has found the replacement of this furniture an impossible task.

During the war the mother was employed as a mechanic in a manufacturing plant and earned approximately \$50 per week. With the end of the war she lost her position and is entirely dependent on an allowance from the Department of Public Assistance and social security, a total income of \$70 per month. The family lives in a furnished apartment and the rent is \$12 per week. Mrs. Williams has made a conscientious effort to find less expensive quarters but has been unsuccessful. Since her rent is so high she is unable to provide for John's school needs. The boy wants work but he is too young to find work easily.

John turned willingly to a plan for part-time work. In war years ready employment was teen-age youth's golden opportunity to allow normal urges for independence to flow into constructive channels. Restless young people impatient with family domination and school restrictions were able to work out personal economic problems and, incidentally, add to the family finances by securing part-time jobs. School programs allowing for part-time attendance and supervised employment were developed in a number of cities. Although many young people took advantage of these arrangements, large numbers left school entirely and entered the labor market.

The United States Children's Bureau of the Department of Labor has undertaken a study of the fate of approximately two million fourteen- to eighteen-year-olds who were a part of the labor force during the war. Many of these boys and girls left home for war jobs. On a national scale, reports as to whether substantial numbers have returned to school are fragmentary. In Philadelphia, however, figures released by the Employment Certificating Service of the school system indicate that six times as many young people were working in January of 1946, as in January of 1940. However, more than 14,000 fewer boys and girls were working in January, 1946, as in January, 1945. Some 9,000 fewer were working in full-time jobs, and 5,000

fewer in part-time jobs. A 40 percent decline among fourteen- and fifteen-year-old part-time workers in every field was a particularly significant finding based on this study of employment certificates held by employers on December 31, 1945.

Young people can tell us a great deal about what has happened to the 2,000,000 young war workers. Jane, age seventeen, lost her job of assembling small electrical parts in a war industry. She tried several other jobs within a six-month period, a packer in a dress factory, wrapper in a department store, and waitress at a dime store lunch counter. Disgusted with small wages and uninteresting work, she followed the suggestion of the social worker in the temporary shelter for girls where she was living and went back to high school. After a few weeks she grew restless. It would take her two years to graduate. She wanted short-term training that would get her back into a good job in a hurry. The school counselor explored this interest with her, and together they worked out a transfer to a vocational school where Jane is now studying millinery. She is happy in this new-found interest that seems to be heading somewhere.

Jane's story is typical. Counselors and employment certification supervisors report that many young people who left school at sixteen are losing their jobs, particularly if they were employed in Federal agencies. Adolescents who had the least ability, and were emotionally unstable, left school in greater numbers than the others since an extremely flexible secondary school program was needed to hold them. Even with special roster adjustments, newer emphases in curriculum and school programs, these young people followed the urge to work. Since their services were needed in the war emergency, they were not handicapped severely by their limited skills. At the war's end, when they were forced to compete with returning veterans and better qualified, more stable workers, many lost out, and drifted into less competitive openings. Service occupations, with less attractive wage rates, are employing some of them. Without counsel, these young people move from job to job. Employment certificate applications indicate that numbers of them have held five or six jobs within the few months following V-J Day. The individual frustration that comes with the insecurity of aimless job hopping is readily understood. These young people are frequently out of touch with school counselors, but they may belong to church groups and recreation agencies. Helping them to take the step that leads to their planning with adult

help for needed training and a meaningful work experience is an important service.

High school graduates too are faced with higher employment standards. Mary, a Negro girl eighteen years of age, was hired for clerical work with the Signal Corps immediately upon graduation from high school in June, 1945. In January, 1946, she was laid off with hundreds of other beginning workers. All the employment leads given her failed. Mary, an unstable girl in many ways, was becoming desperate with the extreme fatalism of a teen-ager when she talked with the young people's worker at her church. It was fortunate that the worker could refer Mary to an agency that specializes in placing Negro applicants with high school and college training in newly created business and professional opportunities. Even though it was March before Mary had a specific referral, the interviews with people interested in her problem helped. She followed the suggestion of the agency interviewer and registered for night school work in clerical skills. Mary is now employed on a trial basis as a secretary for a community agency. Her typing and stenography skills are weak, and she needs to gain poise in answering the telephone and meeting clients. There is grave question whether Mary will be able to cope with the responsibilities of the new job. Helping this girl to use her experience to plan for advancing her skill and personal adaptability is a vital need if she is not to become embittered.

The writer talked with a group of high school youngsters about training and making vocational progress in these times. In general, they seemed to feel that the war had stimulated them to think more concretely about their futures. They spoke of new opportunities, particularly in the fields of scientific research, social welfare, and public health. They outlined plans for engaging in medical relief work in China, engineering projects in Africa, and social work in rehabilitation centers in Europe. Counselors say that many adolescents crave experiences in exciting, adventurous occupations since they missed the chance of the older group who lived daringly during the war years.

The young people who had part-time war jobs said that they now have more understanding of what they do not want to do in future years. Most of them had dull, repetitive industrial or clerical jobs. They have some feeling now for the preparation and adjustment demanded in order to succeed. At the same time, they are eager to

find vocations with a creative appeal. A girl who held a part-time job as a laboratory technician's helper said she was more determined than ever to study industrial designing.

One sixteen-year-old boy, a junior in an academic high school, said that the threat of peacetime conscription was pretty terrible for him. He wanted medical training, but his plans would probably be interrupted. A second boy, Ned, is struggling to graduate in June. His brother, who came out of the Army a skilled radio technician, praises the opportunity for specialized training that military service provided. Ned feels that the Army will do the same for him. Thus far, school has not meant much; he feels more secure, now, in not having to plan for himself. Military service will do all the planning for him in the next few years and help him prepare for a job at the same time.

The academic students are anxious about college training. To one girl who applied for college entrance in February and was placed on a waiting list, it did not seem quite right for the colleges and vocational schools to be filled up with veterans when there are many other young people who need to get their training too. These students were indefinite as to how they could use a forced waiting period. They spoke vaguely of finding jobs, but there was an air of discouragement over not being quite sure what the next step would be.

There are conditions in their social living growing out of changing status that affect the adjustment of adolescents to their families, their age-mates, and the larger society that includes people of different race, religion, and national origin. Adolescents are particularly sensitive in their relationships with parents. They are struggling to be free of childhood attachments yet they feel threatened when they are not quite sure of their parents' affection. Brothers, recently returned from military service and therefore given particular recognition by the family, may add to the tension of younger adolescents.

The return of servicemen, fathers, and brothers, has meant a lessening of anxiety for some adolescents. Marvin Grant, aged fourteen, a bright junior high school boy who was truant a great deal, had minor disciplinary difficulties in school, and was not working up to capacity. During the war his father was in the Navy; his mother was working and attempting to raise a family of boys at the same time. A few months ago Mr. Grant was discharged from the Navy, and Mrs. Grant stopped working. Mr. Grant is giving Marvin a father's companionship and understanding. Marvin's attendance and general attitude

have improved, and the boy is genuinely interested in doing better schoolwork.

Counselors and workers with this age group are one in feeling that the relaxing of controls in homes like Marvin's, during the war period when many mothers were working and fathers had no part in training teen-age youth, was a serious factor. One counselor noted:

. . . with fathers away in the service and mothers working, youths assumed more adult responsibilities in the home, but with this went a desire to do as they pleased. Frequently, to make up for imposed extra duties, these youths took time off from school and went to the center of the city for good times or gathered in motherless homes to spend the day. Those who earned large wages spent freely, attending expensive movies, even night clubs.

Bill's story sharpens understanding of the personal strain that adolescents who have known freedom experience when the reins are tightened:

Bill grew up during the war. Literally he became a man-about-town. At fourteen he was keeping pace with boys of eighteen. Recently his father had to take a cut in salary due to decreased working hours and no overtime. Bill became dissatisfied. He finally ran away and slept under a railroad bridge for four days. During that time, he had twenty cents' worth of food. When interviewed, he said he could do without food but thought he ought to be allowed to go to the basketball games at Convention Hall, and movies in town. He has now become acquainted with a group of older boys, who are known to be delinquents, because they do exciting things.

Adolescents are greatly influenced by the group just older than they. They are breaking away from childhood ties; their greatest desires are to be like their young adult friends. Concerned with pending military conscription, younger adolescents are struggling between fear lest everything exciting will pass them by because they are too young, and anxiety lest they be caught up in military training before they have had their fun. The craving to take hold of their lives completely, to do as they choose while they can, is particularly compelling. One counselor in speaking of the greater sophistication of this group, said:

The removal of the eighteen- to twenty-one-year group has made a vacuum which sucked into itself the fifteen- to seventeen-year-olds and even some younger who are trying to live at the accelerated pace they attribute to the older group. The tales of the social activities of servicemen have inspired youngsters of fourteen years to engage in moonlight rides and boat house rendezvous.

Another counselor reports girls of fifteen who became pregnant in recent months. In each case the girl spoke of having fun with teenage boys and girls in unsupervised homes after school hours. Since part-time jobs are increasingly difficult to locate, parents of young people in these neighborhoods are fearful that more will have sex experiences during their unsupervised leisure hours.

It is expected that adolescents would begin to give more thought to people and situations in the world about them. Youth leaders say that teen-agers, in general, read few thoughtful books and periodicals. Their stimulation comes chiefly from movies, radio, the comic books. It takes dramatic telling, in the manner of the Oak Ridge Student Forum, to interest them in world events. Once fired, however, these same adolescents give themselves completely to the highest idealism of world peace and fellowship across racial and religious lines at home.

There is danger of emotional conflict for the adolescent in his devotion to idealistic causes. If he thinks at all deeply about his personal experiences, and he will do this increasingly as he matures, he finds it especially hard to transfer what he believes to be right into his day-by-day behavior with the particular Negroes, Catholics, and Jews who are a part of his world. He may be living in a neighborhood that is being forced to accommodate a growing Negro population. If he comes from an economically insecure family he may feel even more threatened by this group that will compete with other wage-earners for an insufficient number of houses and jobs. He is torn between his personal high ideals that he fears because of their difference, and the group pattern that approves prejudiced treatment of minorities. Usually adolescents follow the group pattern because it is so vital to them to feel that they belong completely. It is the strong adolescent who can carry the fine interracial fellowship he enjoyed in summer camp into his daily life. A teen-age club raised no objection about adopting a program of world fellowship as a conclusion to a conference on the subject. Even a policy admitting girls of all races, religions, and nationalities into membership in the sponsoring organization was acceptable, yet they were adamant that Jewish girls could not belong to their particular club. Negro girls in a Northern high school who readily endorsed plans to promote fellowship between racial groups were less active in breaking down a pattern of rigid social cliques based on color and class distinctions within their own group.

Young people from the age of fourteen to eighteen are living in a world of contradictions. They are expected to possess mature judgment, yet they are not trusted with experiences that will help them to learn. Basically, they harbor strong drives for adulthood, yet they cling to childish patterns for expression. They respond to high idealism, but they feel insecure when they differ from their age-mates' accepted behavior. Even as physiologically these youth are experiencing the uneven changes that accompany growth, emotionally they are struggling with impulses that punctuate their efforts to develop mature control. Their concern for people and situations outside their immediate families is growing, yet they are influenced increasingly by a culture in which selfish motives are dominant. Significantly, the adaptations that youth made to war crises were praiseworthy. The tasks imposed by present-day conditions are great. Yet those of us who counsel individual youth or guide them in constructive group activity in schools, churches, and community agencies need to recognize and appreciate the strength with which they are able to meet conflict. Our job is to try to understand their struggle and help them to weather the storm.

THE CHILDREN OF EUROPE

By John E. Dula

THE GREATEST NEED of European children today is food. More than 500,000,000 people—about one third of the entire population of the globe—face famine. In Poland 5,000,000 children are undernourished. In Greece 2,000,000 children are facing starvation. Equally vast figures can be stated for other areas of Europe—Yugoslavia, Czechoslovakia, Italy, Hungary. In all, 20,000,000 European children alone will starve unless food is rushed to them immediately—and it is reported by some reliable authorities that it is even now too late to avert millions of deaths from starvation.

This is a shocking situation—that, a year from V-E Day and V-J Day, despite predictions that famine would stalk in the wake of war and despite attempts to avoid this after the second World War, famine, disease, suffering, and death threaten, not only the well-being of millions of adults and children alike, but also the peace of the world.

The United Nations Relief and Rehabilitation Administration supplies have saved millions of lives. Voluntary contributions from individuals and through private foreign relief agencies have done a great deal to relieve suffering. No longer does a hostile enemy aim at deliberate annihilation. But the need, in some ways, may be described as even greater for children now than it was immediately after liberation. Famine, suffering, disease, and death were one thing while peoples lived under enemy rule. They are quite another thing when the battle has ceased and the Allies are victorious. Can you imagine the disillusionment, to put it mildly, which must be felt by those who resisted the enemy and fought as allies, now that they find famine approaching and conditions even worse than those they faced while the enemy was within their borders? Can you imagine what it must mean to the millions who survived the prolonged years of starvation and darkness to be again confronting the elemental struggle for survival?

It is difficult, if not impossible, to imagine starvation. We in America for the most part do not really know what starvation means. Here is a description given by one of my Greek colleagues:

The father went without food to provide more food for his children and gradually became ill of starvation. It is terrible to see a man die of starvation. First his feet, then his body and face swell up, the skin turns yellow, the features change, the eyes are almost closed, later he gets sores all over his body and at last death comes, slow and painful. It can easily be imagined what a terrible impression it is for a child to see its father die in such a way.

In our child welfare planning, we can almost say that we take food for granted. Even though we had minor restrictions in our diets during a few war years and even though rising prices are making us more conscious of food, for the most part, we talk not about food so much as about the needs of children for security, for love and affection, for self-achievement and about the techniques which will help insure these.

But for the children of Europe we must face elemental needs, and meet them first.

When I returned to the United States after eighteen months with U.N.R.R.A., mostly in Greece, I was disturbed by the relative complacency of our people. In trying to understand why this should be so, it occurred to me that we who had made first-hand observations were still too prone to talk of mass needs and mass tonnages of supplies required. The vastness of the problem made it difficult to comprehend and made our traditional programs of meeting welfare needs seem all too inadequate. Therefore I always tried to tell of the individual whose situation I knew and to let his situation represent the millions in need. Here are some true stories, translated directly from those written by Greek child welfare workers. These Greek children, representing the millions of other European children and children elsewhere, will tell you far better than any generalities what their needs are:

Georgios is a boy of six years whose father was hanged in front of him in the Liberty Square with barbed wire. The mother since then seems to suffer from neurasthenia. A curtain of sorrow and want hangs over this household. The little girl had fallen two years ago from the staircase and since then has been paralyzed. Poverty reigns everywhere; they have sold all their furniture and things and now they are going to sell the last thing that has been left—the little house.

Vangelakis is the one remaining child of a large family. The poor mother saw all her children, one by one, die from starvation. Vangelakis lived because he was more clever than the others and learned to beg and steal for himself and his mother.

One day a poor crippled boy named Konstandinos came to the Welfare Office asking for clothing. His father had been a fisherman. When the difficult years of starvation came, in 1941, he was found one morning dead in the street. Konstandinos's poor mother was then working in the fields and had been away for months, and Konstandinos was staying with a farmer and was looking after the sheep.

In 1943 his mother was killed by the Germans as she was working in the fields, so the poor child was left alone and was hungry and mistreated by his master.

In 1944 during a cold night, some guerillas came to stay in the farmer's house. They left early in the morning, but a few hours later some German soldiers came to the farm, killed the farmer and burned the house. Then poor Konstandinos left the house and ran into the fields. He was terrified and since then he cannot speak clearly. He wandered about in the fields where mines had been laid, and the unfortunate child lost his left foot by the explosion of one.

Now he is going around the streets begging.

When I asked Manolis—he is fourteen but looks no more than ten—what had impressed him most during all the years of war and occupation, this is what he said:

"One day before coming here [he was in a preventorium], I was walking in the streets in search of something to eat. I saw a German truck unloading some potatoes. There were many guards around because they feared the *ghiourghiatzides* [these are groups of youngsters who made a rush on anything eatable and disappeared before anyone was warned of what had happened]. I went near the truck hoping that either they would give me some potatoes or otherwise I might take some. One of them saw me advance and shouting something I could not understand started coming toward me. I was scared and turned my back to run, but I was not fast enough. He was holding a thick stick in his hands which he threw at me. It hit me on the back and I fainted. After some time I came to and without looking around dragged myself away. I'll never forget that."

Apostolas, who is fourteen, has lived in an orphanage almost all his life. He was popular with the orphanage staff as he had a charming personality and was very much interested in learning new things. He loved to read and was considered one of the most promising boys in the orphanage.

During the famine years of 1941 and 1942 the orphans, along with the other children of Greece, suffered very much. In addition to enduring years of a starvation diet, Apostolas saw his friends among the staff of the orphanage change from friendly, healthy people whom he could look to for encouragement and help to hungry, sad-eyed, frightened men and women who, having no security themselves, had little to give the orphans. There were many deaths in the orphanage and many even more tragic results. From the lively, intelligent child he had been, he changed to a

stubborn, moody, and unmanageable boy who beat up the other children and whom the overworked staff could neither understand nor control. . . . About this time his interest in school ceased and he would not do his lessons or pay any attention to the teachers. They soon discovered that this was in part due to his having lost his hearing and his speech. Since there were no medical specialists available this loss was attributed to his extreme malnutrition, and it was assumed he would improve when nourishing food was again available. However, this handicap, in addition to his bad behavior, became too much for the orphanage staff to cope with, and he was sent to his sister.

Apostolas's sister had been killed by the Gestapo, and after a period of begging, he was sent to a preventorium by the Greek Red Cross. He is receiving nourishing food and rest there, but his voice and hearing have not returned and his behavior has not improved. What a contrast to the promising youngster of five years ago!

These are the children who are starving in Europe today. They tell us first that their needs are the same as the fundamental needs of children everywhere. They need security, love and action, opportunity for education, for recreation; they need normal home and family life; they need let-up from anxiety; they need treatment for their health; they need shelter and clothing; many need specialized treatment for their emotional and mental problems. They tell us what modern warfare and occupation have meant to them.

All these children whose stories I have quoted are at present in tuberculosis preventoria. One of their greatest needs is for prevention and treatment of this dread disease which, according to Dr. J. B. MacDougall, U.N.R.R.A. tuberculosis specialist, is bordering on epidemic proportions, not only in Greece, but in all southeastern and central Europe.

Many of these children are homeless, either partially or completely. Serious though our housing shortage may be, no conditions can compare with the sheer absence of shelter in a burnt village. There are 1,400 of these villages in Greece alone, and there are thousands more in Czechoslovakia, Poland, France, and other countries that came under the Nazi heel. The 1,000 villagers in Domvrena are living in dugouts, in caves, and in lean-tos. The towns and villages are congested by the general movement to urban areas in a vain search for more food, for better opportunities, and even for security from enemy and guerilla activity. In a semirural section of Athens 150 children are living in what was previously a dairy barn. Villas, schoolhouses,

monasteries, and other buildings, in varying states of destruction, are being used as orphanages.

In many parts of Europe the lack of timber is making it impossible to provide even temporary shelter for the areas in greatest need. During the occupation the forests were denuded; trees were cut for fuel by the enemy and by the people themselves. In most regions, even if there is timber, there are no saws, axes, or nails.

The children of war-torn Europe have, for the most part, been without schooling for the last several years. In Greece 1,500 school buildings have been completely destroyed, and half of those remaining have been extensively damaged. Even where there is a makeshift building and a teacher, fatigued and overtaxed though she may be, there is almost a universal absence of even the simplest school supplies, such as pencils, paper, chalk. There is the problem of special training for youth, who, absent from school for many years, are too old to adjust in their normal grades.

In all countries of Europe there are large numbers of children needing emergency shelter. In most countries there will remain the necessity for a more extensive, long-term foster care program than was provided before the war. In many European countries—as in many of our own states until recently—the prewar program of child care was institutional. Owing to the shortage of building materials, many countries are finding it difficult to expand those orphanages that remain, let alone to build new institutions. Such a shortage was a strong factor in leading the Greek authorities to chart a foster family placement program. But, in my view, considering the problems of organizing and staffing such a program and because of inflation, which makes boarding home payments far more unrealistic than those in the United States, such a development will not occur rapidly. Temporary shelters will be needed, as well as expanded institutional care where possible. And in some countries, where the ideology gives more emphasis to the concept of the child as ward of the state rather than of the family, there is a preference for group care.

A number of homeless children are being found among the many stateless persons of Europe. For many of these children resettlement plans are now being made. To make such permanent plans wisely is complicated by problems of nationality, of legal guardianship, and of adequate investigation.

The Tracing Bureau of U.N.R.R.A., covering all four zones of

Germany, has done an amazingly fine job of restoring children to their families—even identifying many children who were too young to remember who they were. But in many countries of Europe neither tracing bureaus nor registration and information services have been organized. We anticipate that the central registration service now starting in Greece will result in restoring many children to their own families.

It seems almost academic to talk of the emotional needs of European children which have been occasioned and accentuated by experiences as harrowing as those I have described. There can be no doubt that extensive and intensive medical and social services will be needed for many of these children. But I think we must concentrate first upon helping to restore as rapidly as possible a semblance of normal home and community life. As this is accomplished, anxieties and conflicts may diminish.

While there are many factors which affect progress in meeting the needs of the children of postwar Europe, I shall mention but three:

1. *Shipments of food.*—We must see that adequate food is sent to famine-threatened areas, regardless of whether the present emergency lasts only until the next harvest or continues long past that time.

2. *Political stability.*—The pace with which relatively stable political conditions are achieved—involving reorganization of governmental machinery and of indigenous welfare agencies which were targets of Nazi destruction—gravely affects the development of adequate child welfare programs. Political stability is inextricably related to economic conditions—the need for loans to enable reconstruction and for strong measures to combat inflation and black markets. It is also affected by the delays in peace and reparation settlements.

3. *Continued advice and counsel.*—The advice and counsel which U.N.R.R.A. personnel have brought to the appropriate authorities of various countries have been of great practical and moral help. Shortly after I arrived in Athens, a Greek pediatrician with whom I was associated said: "We need your assistance in helping us to organize programs to meet our welfare problems." "Sometimes," he continued, "I think that we need this kind of help as much as we need supplies and equipment." The welfare programs that U.N.R.R.A. and other personnel have helped various countries to start and to expand—even though they may be far too little—show the great need for continuing provisions for this kind of advice and consultation. They prove be-

yond doubt the need for social workers in the United States and other countries to support the establishment of an international welfare organization. Though primarily providing for the exchange of technical information among nations, such an organization should also face the acute problem of adequate financing of necessary welfare programs. America, which has been so fortunate, should lead the way, not only in sharing her food and material supplies, but also in sharing her technical progress in meeting welfare needs.

SOCIAL PROBLEMS OF THE PRISONER

By Sanford Bates

TIME WAS WHEN THE PRISON WALL was high enough, not only to keep the miscreants housed therein from climbing over it, but also successfully to insulate its inhabitants from the public. Convicted criminals went to prison to be immured, to be forgotten, to be punished, to be cleansed of their sins; they would be there for a long time and when they came out we could avoid them somehow or other, nobody would have to employ them, the state would give them a few dollars, the police would watch them carefully, and perhaps, if all went well, they would be soon arrested for another crime and then they would be off our hands for a still longer period.

A number of influences conspired to change this attitude. Occasionally riots took place, and the prison forced itself upon the attention of the public. Scientists called our attention to the fact that punishment did not seem to have the reliable effect upon human conduct that we supposed it did; that the human personality was a thing of infinite variety and that what was good in the case of one individual was harmful in another.

Furthermore, outside our institutions, our citizens are free to come and go as they see fit. Little do we know who is riding next to us in the subway, or eating at the same drugstore counter, or rooting for the home team at our side. The whole aspect of the prison problem was completely altered when we discovered that sooner or later they all come out, to resume their places in the community.

P. L., serving a sentence for criminally carrying a concealed and loaded pistol, is thirty-one years old. When P. was six years of age, his father was killed by a fall, and within the next few months his mother died.

P. and his brothers were placed in an orphanage. At the age of nine, he went to live with an aunt who, he claims, was cruel to him. With occasional truancies he managed to stay in school until he was fifteen; from that day to this he has never worked. He has been in one institution after another.

The probation report comments, "He had been shifted among disinterested relatives during his early life and never knew the benefits of a wholesome home environment or parental affection. He was physically emaciated and mentally retarded." His sister reports that he has always

been wild, and since she could not trust him, she could not very well have him in her house.

The psychologist notes his "poor function because emotionally unstable and worsted by homeless background, drifting through schizoid episodes to drink, drugs and crime.

It is rather difficult to contend that further punishment will have much effect upon this young man's future; for large and repeated doses have had none whatever. As a matter of fact, it would be hard to study the case of any individual in our penal institutions without being immediately made aware that characters are shaped and careers largely determined by the milieu in which an individual develops.

If the prison of the future is to be of value in the social protection of the public, it must do more than merely retain those sent to its confines and turn them back at the end of a stated period. The social conditions which produced the prisoner, which remain in suspension only while he is incarcerated, and which wait to react upon him immediately upon his release, are inextricably bound up with the success or failure of the prison as a social instrument.

Important as is the prompt administration of punitive justice, punishment, no matter how just and prompt, cannot alone solve the difficult and intricate situations which confront the social worker.

In an article entitled "The State's Authority to Punish Crime," Harold Höffding says:

But the theory of education and the deterrent theory are both directed to the end which must necessarily be aimed at in relation to transgressors of the law. Both must be united in a perfect theory of punishment. The punishment will then at once be effective in changing the character of him who is punished and be an example of the fact that the rules of law must not be broken. The individual who is punished will thus appear at once as an end and as a means.¹

Kenneth L. M. Pray, Dean of the Pennsylvania School of Social Work, has pointed out that even in prison, casework can be carried on without interfering with the application of authority. I quote from an article by Dr. Pray published in *Federal Probation*:

The introduction of case work into the prison is one evidence of progress, for, along with other values, this case work program represents the prison's effort to appropriate some of the knowledge and skill that social work has developed out of long experience.

One of the basic realities of all civilized social life is the right, the duty—

¹ *Journal of Criminology*.

indeed, the inherent necessity—of the organized community to establish and maintain, by force if need be, those minimum standards of behavior that insure an orderly, stable community life. That is one of the limitations that governs the voluntary choices of all, and the prisoner is no exception. On the contrary, he usually is a prisoner because he has been unable or unwilling to accept those limits. His prime need is to learn to do so; the prison's prime duty is to help him learn that basic lesson. This cannot be done by denying or abandoning the real and necessary authority of the prison, but only by using that authority to help the individual prisoner find some satisfaction in accepting these inevitable limitations and living within them, rather than in rejecting and fighting them.

Not all social workers accept nor act upon such a concept of their job; to many this will sound like rank heresy, and they will never be able to come to terms with the prison and with prison authority on any such basis. But unless and until social workers can accept the validity of the prison for what it is—a place of compulsory confinement—and believe in the value to the individual prisoner of these limitations upon his freedom, they cannot effectively cooperate with the prison authorities, either inside or outside its walls.

It is only when the social worker sincerely shares and truly represents the basic conviction and purpose on which the prison rests—the maintenance of effectual limitations upon absolute freedom, in the interest of the community and of the individual—that he can discharge with integrity and effectiveness his own responsibility to the prison, the prisoner, and the community.

On the basis of mutual acceptance, by prison administrator and social worker, of these fundamental concepts, social work can play a unique and distinguished part in the prison case work program. Its function, then, is to individualize the impact of the prison regime upon the inmate, by helping him to find a satisfying social adjustment within the prison and to discover in himself, through this experience, the will and the power to make a satisfying social adjustment outside when his opportunity comes.

I have no illusions about the possibility of removing from the essential discipline of the prison, its disagreeable and painful aspects from the standpoint of the prisoner. Much less have I the slightest hope of eliminating firm discipline, including punishment and the use of stern force; but I do declare that, as an inseparable factor in the exercise of discipline and punishment, the case work process must find its proper place.

These are but a few of the moments—at the *beginning*, in the *middle*, and at the *end* of the individual's life in prison—where case work on a sound professional basis finds its own unique place in the prison setting.

In providing that experience, the social worker can make his own contribution to the achievement of the prison's purpose, which is dedicated alike to the welfare of the prisoner and the protection of the community.³

³ Kenneth L. M. Pray, "Social Work in the Prison Program," *Federal Probation*, Vol. VII, No. 4, October-December, 1943.

The aim of the prison then is, not only to punish, but to improve; not only to restrain, but to restore. But men go to prison as punishment and not for punishment. The protection which the community derives would be short lived if there were not some assurance that the majority of the inmates would emerge less dangerous than when they went in. The immediate purpose of the prison is to deprive a man of his liberty. Its ultimate purpose, however, is to fit the man, if possible, to become a social citizen. The traditional task at the prison might be performed by itself alone. Its simple mission of sequestration and restraint could be carried out by uneducated people. The newer task, however, requires intelligence, devotion, courage, and perseverance.

If we are to attempt to rehabilitate individuals we must know something about them, and this knowledge can be gained from the prisoner only in a social setting and as he reacts to the environment of free men. The deprivation of his liberty must be for the purpose of teaching him how to use his freedom. We shall take it for granted that not only can social casework be carried on in an authoritarian setting, but that the use of authority may well be one of the therapeutic influences which we can use in the accomplishment of good casework.

Social workers have undoubtedly previously known the prisoner, or his family. While he is incarcerated they may have to arrange for assistance for the family, for more than half of our adult prisoners are married. On his release he will need more than ever that type of guidance which the competent social worker can furnish. The prejudices of his employer will have to be broken down; the police will have to be induced to give him another chance; his schoolmates, his gang, and his neighbors will have to be prevailed upon to assist in his rehabilitation.

The inmates of our reformatories, training schools, and prisons are our own boys. They attended our schools; they have been employed in, or fired from, our best industrial establishments. Their incarceration causes grief and heartache to some, and relief to others. No solution of the prison problem which ignores its social, family, and neighborhood aspects can be considered a satisfactory one.

The social worker must apprehend the unique conditions surrounding institutional life, the abnormality and strain of prison living, the mental shock, with the oftentimes accompanying resent-

ment, anger, and dismay which precede the sentence, and the attempt which is being made to develop a constructive attitude toward the offender.

In the first place, we must bear in mind that usually men are sentenced, not because the court thinks they need a particular type of instruction, but because society operates under a rigid criminal code which insists upon imprisonment as a penalty for wrongdoing. Occasionally a court thoroughly understands how the defendant may profit from his incarceration, and wishes him well in his effort. As like as not, however, the inmate's introduction to a penal institution is quite different. From his experiences with an indulgent mother, an irate father, a snooping truant officer, and an inflexible teacher, there have been set up certain defensive reactions in his nature. He realizes early that it is not so much what he does that counts, but whether he gets caught. He learns on the street corner that if he knows the right people he will not have to go to court when his automobile is left standing by a fireplug. When he is apprehended in some delinquency or crime, his first contact with criminal jurisprudence begins. He realizes that the cop is more interested in making him admit something to his disadvantage than really to find out why he did it and what can be done to prevent a recurrence of his act. He may even be subjected to a mild sort of torture known as the third degree. Bad as our jails are, it is not only physical damage that the new visitor suffers there. The conversations in the jail or the house of detention convince him that the most important thing is to get the right lawyer or to see the most influential local politician. The next act in the drama takes place in the district attorney's office. The boy may know little or nothing about this part of the process, but the chances are that he is wise enough to realize that whether he goes to an institution, and for how long, is more a matter of trade and barter than of getting his just desert.

The moral is merely that many men and youths who go to prison are in no frame of mind to be willing participants in social casework or adventures in therapy. I recall a tough young bandit of about nineteen whom I once interviewed in Sing Sing. I asked him what he would like to be when he left prison. His answer was terse and prompt: "I'm going to be a bachelor." I said, "Maybe you didn't understand me. I was thinking about what trade you might want to apply your-

self to." He said, "You heard me, I want to be a bachelor. I don't want no dame hanging around my neck when I go out on stickups."

Perhaps one of the first things to realize is that in doing social work with the prisoner and his family we have to break down some very stubborn habit patterns of suspicion, resentment, and recalcitrance. I do not say that the prisoner is justified in taking such an attitude; I only say that often the courts and penal systems do more to build up such resistance than they do to break it down.

So the first thing to be done is to get the prisoner in a state of mind where we can begin to discuss his future. And here again we shall find much in the history and tradition of the average penal institution that makes such a task difficult. When the massive iron door clangs behind him the prisoner soon realizes that he has been cast out by the community, that he must accustom himself to an entirely different environment, and he necessarily soon begins to magnify the importance of loyalty to his associates in misery rather than to the members of the larger society that has condemned him. The first night in prison must be pretty terrible for the "fresh fish," as they are often called. Then, if ever, they are contrite and remorseful. Having in mind only the possibility of redemption, I have wondered whether the next morning might be the most propitious time to release a man on parole; but this would be, I have no doubt, wholly inconsistent with the majority view, that a certain minimum of punishment must be exacted.

The prison neophyte who experiences a good deal of mental torture during the first night in his cell is quite sure to find someone to comfort him the next day. He will quickly be initiated into the code which traditionally contains the following cardinal elements: "Take it easy"; "Don't be a sucker"; "Don't rat on your pals"; "Don't be a stool pigeon"; "Don't give the management credit for anything; they are your natural enemies and you are theirs"; "Get what you can for yourself; take part in the school and other activities only if you think you can get something out of it, such as an early parole or something like that"; "And above all, don't be a rat; stick with your new pals."

The high wall, with the guards pacing relentlessly along it, the constant oversight and supervision in the shop, at meals and exercise, and even in chapel, tend to confirm the habit of furtiveness. It is everlastingly to the credit of our progressive wardens that they have really overcome some of this feeling and that they have de-

veloped an atmosphere of trust and confidence between the staff and the inmate body. It is one of the things that has to be done before we can begin to talk about casework in prison.

The prisoner's attitude has all too often carried over. The inmate's wife and family usually share his resentment. Many a mother of a delinquent boy feels that the whole company is "out of step but my Johnnie." Social workers can render substantial service to the cause of prison reform and law enforcement if they will help interpret to the relatives of prisoners the need and value of disciplinary experiences.

In carrying out the punitive purposes of the prison as it all too often exists, we have set two difficult objectives. We first have to accustom the prisoner to an abnormal, restricted environment. None of us is wholly free, and our education in democracy involves the curtailment of our freedom through self-imposed limitations of discipline and socially acceptable behavior. This is magnified many, many times in prison. Life is a routine: the whistle blows, the bell rings, the clock ticks, identities become dissolved in regimentation. The prisoner must learn to live without many of the normal emotional outlets of the free man. Even the work which he does is begrudged him by employers and occasionally by labor organizations. And by the way, if we cannot contrive some system of prison industry, of preserving the therapeutic values which come from steady and purposeful work, it will be futile to talk about casework, or even rehabilitation. In many of our prison labor programs we attempt to secure the prisoner's participation through the payment of five or ten cents a day. He mistrusts such activity as a sort of slave labor, and instead of feeling the inward satisfaction which comes from producing goods, he accepts the prison industry as part of his punishment.

Throughout the prison milieu restraints are everywhere apparent: all of private correspondence is read; interviews are limited and overheard; a cell may be searched at any moment; and the prison staff is constantly alert to thwart any attempted escape or demonstration.

We cannot very well criticize this procedure. The first demand of the public is that once men are sent to prison, they be kept there, and wardens must not permit lax conditions. But the need for these safeguards can be intelligently interpreted to the prisoner, and much can be done for him and with him to make of prison a profitable experience.

The immediate purpose of a sentence must be to protect the com-

munity from the man who cannot be trusted, to send him to prison in the hope that while there he may mature, or be deterred, or develop to the point where he can realize the folly of a criminal career. And of course it is trite to say that the protection of the public is short-lived unless it extends beyond the day of his release. In this difficult task we have never fully availed ourselves of the outside resources. Mothers may be silly, selfish, or perverse; fathers may be cruel, ignorant, or vindictive; but few parents get any particular satisfaction out of seeing their children in prison. Rightly approached they could be of considerable help, both while the prisoner is incarcerated and after he comes out.

We may have to amend some of the archaic rules of our prisons and reformatories to accomplish this. I recall a boy who had broken some of the regulations of the reformatory and had been placed in segregation. His mother happened to call to see him that day, and she was denied a visit because that would interfere with the discipline which had been imposed on the boy. Now, perhaps that was the very time when a visit from the boy's mother, if she had had some advance coaching from the superintendent, might have done more to accomplish his ultimate reformation than anything else.

It is customary to withhold writing privileges as part of a prisoner's punishment. If letters are written purely for pleasure and business purposes, I can understand such a regulation, but it might be that a letter to or from his father while a boy was undergoing punishment would greatly contribute to his straightening himself out.

The English prisons permit lay visitors to call upon prisoners. These visitors are selected with care and are allowed to come in of an evening, sit in the prisoner's cell, talk with him about what goes on outside, perhaps report a recent visit to his family and carry back messages for him. Almost unanimously American prison administrators have rejected this practice. They are still afraid that contraband may be introduced or that some improper message will be sent out. But certainly there is a strong argument for permitting the prisoner to have some informal, unofficial contact with the community and with his family.

Professional social workers, such as those employed under the harmless name of "warden's assistant" in the Federal Prison Bureau, have done a great deal to break down the resentment of the prisoner against those under whose control he is. But he soon recognizes that

even they are part of the official family. The chaplain finds himself in a similar quandary. If he becomes too confidential with the inmate he may find himself in possession of information which he must, if he has the proper regard for the safety of the prison, communicate to the warden. The moment he does that he likewise has joined the ranks of the stool pigeons. It takes a specially trained and resourceful man of God to be a prison chaplain. We are fortunate indeed that we find so many chaplains who can keep the respect and confidence of the inmates and who at the same time do not lack coöperation from the management. Perhaps the answer is that there is room within the prison both for the carefully chosen, conscientious lay visitor and for the professionally trained social worker.

But if we invite the caseworker into prison, the stage must be properly set. In the first place, the architecture of the prison must be such as to facilitate and not defeat the work of rehabilitation. If our primary emphasis is to be on reconstruction and not on punishment, the prisons of the future need not look quite so forbidding.

A prized possession in my library is a book, printed in 1811, about the "new" state prison at Charlestown, Massachusetts. After having accurately described the size and weight of the rocks out of which the prison was built, the writer concludes: "Competent judges pronounce this to be one of the finest prisons in the world, for the reason that it can neither be set on fire nor be undermined." We have at least progressed to the point where we judge the effectiveness of our prisons by somewhat different standards. Does the structure provide adequate school and training space? Are there modern shops? Is there recreation space? Do fresh air and sunlight penetrate into the solitary cells? Is there opportunity for classification and for permitting progression from the least desirable type of housing to that which approaches normal life on the outside? A great prison architect once said:

The spirit of ennobling environment never fails to make its appeal whether it be expressed in the sheltering structure of college or cathedral, or within the high enclosure of prison walls. The design of the prison becomes one more influence for the regeneration of the prisoner; it becomes one more factor in building up the morale and widening the scope of those who, as the long years go by, will come to exert their influence upon him; an influence which modern penological thought has proved should be wise and tolerant.³

³ Alfred Hopkins, "Value of Good Architecture," *Prisons and Prison Building* (New York: Architectural Book Co., 1930), p. 139.

In the second place, we need the type of personnel that can apply the newer principles of penology. The most carefully designed prison is useless unless it is administered by men devoted to something more than the task of making life miserable for the inmates. We should be calling upon our colleges and universities, our schools of social work, our medical and other professional schools to furnish the personnel for this socially important endeavor. A few years ago, in one of our Middle Western states, each member of the state assembly was permitted to nominate one prison guard. This passed around the good jobs among the "boys," but I doubt that it enhanced the chances of the prisoners being inspired to lead lives of rectitude. The strict application of the merit system is called for in all our prisons.

In the third place, educational opportunities, both academic and vocational, must be offered in prison. A great number of men, particularly those from the hill districts of the country, have reached the years of maturity without ever having the opportunity to secure an education. But we must not make the mistake of assuming that because these men never progressed to the fourth grade they can be given fourth grade material to study. The educational program must be geared to the adult man. The educational effort must be applied more speedily and be definitely related either to some trade or to the station in life of those who attend the classes. Unless the educational program becomes definitely related to citizenship—unless, in short, it is actually a part of the character-building activities in the prison—it is hardly worth while.

In the fourth place, discipline must be directly related to the teaching of citizenship. Most wardens will insist that the primary requisite of prison management is the maintenance of proper discipline. But this word has at least two meanings: one is almost synonymous with punishment; the other, and more modern one, means more than that. It means the slow, laborious breaking down of old habit patterns and the development of individual characters by precept and example to the point that they will accept and profit by restraints. Coddling and unearned privileges are just as bad as cruelty and unnecessary hardships. Privileges are part of the disciplinary regimen in a prison, and the administration must not hesitate to deprive the inmates of privileges in the event of some intentional failure to conform.

The close connection between physical disability and the tendency

toward criminal conduct has been indicated. A significant opportunity presents itself for remedial operations, for the teaching of personal hygiene, the development of habits of good sanitary living. And, of course, closely related is the opportunity offered to the psychiatrist and the psychologist. The practical psychiatrist has a unique opportunity to use his unusual knowledge of the human personality for the guidance of the prison staff and the inmate body. No up-to-date prison would think of working out a disciplinary or rehabilitation program without the close coöperation and advice of a full-time resident psychiatrist.

While recreation and group activity may not at first seem to be a necessary part of prison activity, it is true that nowhere better can the social reactions of men be tested than on the recreation field or in group activities. Sometime or other they must learn how to live together again. It is difficult to adjust the prisoner to the institution routine; it is even more difficult to adjust him out of that routine, back into the community. One of the saddest stories in all of Dickens's tales is of the debtor who had stayed in prison so long that when the time finally came for his release he rejected the opportunity out of sheer lack of confidence in himself.

We have suggested the paraphernalia that must be provided if we are to achieve any reasonable degree of success in the re-establishment of the law-breaker. But there is a missing ingredient. Without it, all our efforts at individual reformation, physical and mental prophylaxis, training in a trade, even the development of habits of better social living, will be insufficient.

Let us, then, enumerate some of the services to be rendered by professional social caseworkers to the prison or reformatory.

The first contribution, of course, is the preparation of the case study or history. A major portion of this has to be done outside the prison, and the coöperation of social workers who have known the prisoner and his family is indispensable. Without a careful social analysis of his problem it would be rather hopeless to prescribe a suitable individualized plan for his rehabilitation. I am persuaded that this sort of service can be done only by a trained social worker; not by a deputy United States marshal; not by a policeman; not even by a prison officer. It takes special training to make a good social investigation.

The second service which the social worker can render is the all-

important one of acting as a liaison between the prisoner and his family. The administrators of our up-to-date prisons are of the opinion that the most hopeful way to the rehabilitation of a prisoner, especially if he retains any measure of self-respect, is through his family. Unless he is completely calloused, he worries about his job and his property: will the mortgagee foreclose; will the landlord evict his family? He worries about his children: have they clothes and shoes; are they snubbed by their playmates? He worries about his wife: will she break down under the strain; will she have enough to eat? If there is an addition to the family expected, what will she do about the confinement? And inevitably there enters his mind the tormenting question, will she continue to be faithful to him during the years that they are separated?

Occasionally we find a real "gun moll" who either willingly or unwillingly has joined her husband or lover in his criminal exploits. Usually, however, the woman in the case is either an involuntary participant or knows nothing of her husband's delinquencies. She seldom fails to write him encouraging news, to tell him about the children and neighbors, to urge him to look forward to that new start. And even with the unmarried prisoner, a knowledge of his social environment is important, and no permanent adjustment can be hoped for unless his community relationships are brought into the picture. The protection of the community interests of the prisoner and the interpretation of their duty to his family and friends can best be done by a trained caseworker.

In the third place, there is casework to be done if we think of casework as something more than investigation or diagnosis. The prison psychiatrist will not be satisfied with a wordy diagnosis; he will spend many hours with the prisoners in an attempt to bring them into a more wholesome relationship toward their ethical obligations. The prison chaplain will not be satisfied by praying for or with the inmates. And likewise, the social worker will find that there is much to do with the dynamic aspect of casework.

Dr. Nathaniel Cantor, in an article entitled "Social Case Work in Prison," urges that "the individual's needs and development are the essential problem in a prison program. . . . Common sense and social security would therefore dictate that effort be made to resolve these emotional conflicts. How? By social case work in the prison." In the same way that Pauline Young, some years ago, came to the

conclusion that it was not formal education that was the outstanding need of the law-breaker, but rather education in social living, so Cantor decides that "the client must be helped to understand his own difficulties . . . the social worker's job is to accept and understand what the present experiences of the inmate actively mean to the inmate . . . the *emotional stability* of the individual is the end in view of social case work."⁴

If we are fortunate enough, to stimulate the social consciousness and the responses of the individual inmate, we will still have a job to do to prepare him for parole; for, in the last analysis, parole, which is the logical and inevitable consequence of every prison term, is the time at which all our efforts will be tested. In a sense, the whole prison experience is a preparation for parole. Of course, in the last few weeks of prison confinement there should be some special attention given to the situations that will confront the returned criminal. What is the wife going to say when the erring husband walks up her steps? How much preparation will she have had? How many helpful suggestions will have been made to her as to how to meet this situation that is fraught with such difficulty?

In the fifth place, the responsibility of the social worker will be more than the mere preparation and arrangement of circumstances looking toward parole. The first few months in the community are extraordinarily difficult. Tense situations will develop. If ever a fellow needs a friend it is when, having paid his penalty, he returns to free life conscious of the stigma that an unthinking neighborhood may have placed upon him. Labels are easy to put on, but they are very hard to rub off. And sometimes this can be accomplished only at the expense of damage to the fabric underneath.

And finally, the social worker has a duty shared by all who have become familiar with the particular difficulties of the prison. They can interpret to the public something of the inevitable abnormalities inherent in prison life; they can recount the persistent and sometimes unrewarded efforts of those in charge of prisons to remove the effects of such abnormalities and to develop assistance and efforts at restoration. And they can ask that once the prisoner has gone through this experience, the community should join in the effort to complete the job that the prison has started.

⁴ Nathaniel Cantor, "Social Case Work in Prison," *Mental Hygiene*, XXI, No. 4 (October, 1937), 599-607.

I shall close with a statement from Captain Alexander Paterson, of the British Prison Commission:

Finally, we will beware of the cynicism that paints every prisoner drab and never thinks of him in any other capacity. When a man steps into the dock, he is a husband and father, a worker and taxpayer, accustomed to taking care of himself and others, not requiring an order at every turn . . . the saying of a few words by a judge does not transform him into an entirely different creature who can never be trusted; who has no decent instinct or loyalty. If he is treated as a sensible and self-reliant man, he is likely to play such a part. Even when he has failed once or twice, there may well be some side of his nature to which appeal has not yet been made. The world owes much to those who failed and made a fresh start.

TREATMENT OF ADULTS PRIOR TO TRIAL

By Edgar Martin Gerlach

THROUGH OUR GOVERNMENT, we establish controls so as to eliminate or diminish the nonessential and give priority to necessities. But no Civilian Production Board regulations govern the rate of production of antisocial acts. They occur at an alarming rate. A random sampling of the daily press disclosed the following events:

1. A forty-five-year-old man was found in an intoxicated condition on the steps of the local library.
2. A sixty-year-old vagrant was picked up in the railroad yards.
3. A twenty-six-year-old widow was apprehended, after being chased for two blocks, and was charged with shoplifting.
4. A nineteen-year-old prostitute was caught soliciting in the vicinity of a United Service Organizations club.
5. A fifteen-year-old girl ran away from home.
6. A twenty-year-old youth killed a man who had discovered him in the act of robbery.
7. A fifteen-year-old boy "got back at his teacher" by lighting a fire under her desk and causing considerable damage to the school building.
8. A twenty-five-year-old man stole clothing and other personal effects from the occupant of the adjoining hotel room.
9. A twenty-year-old youth committed rape on a ten-year-old girl.
10. A twenty-five-year-old housewife, temporarily deranged through grief at the loss of her husband overseas, assaulted her neighbor.
11. An eighteen-year-old girl, who had been imported from another state to work in an essential industry, neglected to pay her board bill before starting home.
12. A twenty-five-year-old man was nearly lynched when he was charged by a little girl with having made improper advances to her.
13. A thirty-year-old mother, taken out of a tavern, was charged with disorderly conduct and neglect of her infant children.
14. An eleven-year-old boy ran away from home.

If one were to multiply the above episodes by 70,000 he would come close to the million or more antisocial acts reported each year which result in the perpetrators being locked up. One can rightly take as a premise the fact that most of the above-mentioned individuals, including the eleven-year-old boy, were taken to a city or county jail and held for further action by "the law." In this country

we have 3,073 small county units, practically all of which, together with twenty-four independent cities, maintain a lockup or jail. Of these primary divisions of the state, that have all the constitutional rights of self-governing units, approximately 40 percent were entirely rural, according to the 1940 census, and 713, or approximately one fourth, had fewer than ten thousand inhabitants. In many counties adequate jails simply cannot be maintained because there is not a sufficient number of persons in custody at any one time to justify the expense involved.

Just what do we mean when we speak of a jail? Think for a moment of the place for the confinement of arrested persons in your own community. How much do you know about it; the degree of adequacy with which it is maintained; the type of administration; the treatment given those held therein?

The jail, historically, is the oldest penal institution known to mankind, one whose records and, unfortunately, many of whose present-day practices, extend far back into human history. Specifically, it is a local institution established for the safekeeping of those persons awaiting trial who have not been admitted to bail, and, in addition, for those who have been found guilty of minor offenses. The jail welcomes impartially a murderer, a rapist, a petty thief, or a truant.

According to Sanford Bates, the county jail is by all odds the most important and at the same time the most neglected unit in the American system of correction. He once wrote:

There are ten times as many county jails as prisons, houses of correction and reformatories combined. Upwards of 750,000 to 1,000,000 persons are incarcerated each year in local jails. About one half of them are society's failures—confirmed vagrants, drunks, dope addicts, habitual thieves, sex offenders and even lunatics—but the other half are occasional violators of the traffic laws, nonsupport cases and a host of other minor offenders.

Practically everyone will agree that persons held in jail awaiting trial should be accessible to lawyers and friends; that it has a heavy turnover and a small number on any given day; and that it is no place for young people. It is generally accepted that the jail usually is an adjunct of the sheriff's office and a source of revenue to him. There are numerous communities in which there are wholesale arrests of members of minority groups on Saturday nights. It is more than a coincidence that the sheriff receives a set fee for each arrest and for the feeding of the prisoners.

However, despite the fact that at irregular intervals we rise up in wrath, we have, in the main, grown fatalistic about bad jails. We accept them lackadaisically in somewhat the same manner that dogs accept fleas. Those who have close contact with the problems of administering these institutions recognize that the sheriff has no easy task and that he is required to handle some of the lowest and most uncouth types of human being, as well as those whom he considers his social and economic equals.

Those who have made comprehensive and objective studies of the American jail unite in charging it with being old, insecure, and unbelievably dirty. They point out that it is badly arranged, poorly equipped, and altogether unsuitable for the confinement of human beings. They argue that it fails to provide adequate segregation and is administered by untrained and inefficient personnel. And this is no new story. There is little, if anything, of a general nature which can be said today which has not been said in the past by Charles Dickens, Oscar Wilde, John Howard, J. R. Brockway, Frederick H. Wines, Hastings H. Hart, Roy K. Flannagan, Ed Cass, and Colonel F. Lovell Bixby. There is no area of social action or community organization in which there has been as futile a crying in the wilderness as in the field of jail improvement.

Fifty-nine years ago a speaker before the National Prison Association in Toronto asked the question: "Our county and city jails—shall they continue to be a disgrace to civilization?" He then attempted to answer in the negative his own query. At the same meeting a state inspector of jails from Wisconsin was most optimistic when he insisted that, and these are his own words:

I can say that nearly all of the horrors of the jails in England, which John Howard exposed a hundred years ago, can be paralleled in some of the jails of the United States of America. However, rising public sentiment will not allow our jails to be so unwholesome, so unhealthy, so bad in every respect, of filth, of stench, and danger to health, if not to life as some of them are. We are now on the verge of a reform in jail management.

A year later, in 1888, a more pessimistic note was sounded before the same organization by former president Rutherford B. Hayes, when he said:

From the beginning of prison reform in America under Doctor Franklin until this hour, the county jail has been in the way of all beneficent progress. That wretched bridge we do not cross. One need not describe the

average county jail. It is everywhere known as the training school of crime, the principal recruiting station of the penitentiary.

Ten years later a speaker from Indiana pleaded with the Prison Congress to take leadership in doing something about the county jail. He stated:

The virulence of the immoral contagion that is prevalent in our common jails is such that it is more difficult to get rid of the spot put on one's character by being placed there than that which Shakespeare put on the hands of Lady Macbeth. Why will the people not, for self-protection rise up and stamp out these schools of iniquity and crime? Who will object to a proper separation of prisoners in jail, protecting the young and those accused of crime from associating with the criminal leper whose mind and character are so steeped in vice that his very presence will be deleterious to the young or weak? No one except those who are penny wise and pound foolish, for the cost of the same would be trifling compared with the benefits that would be derived by so doing.

Miss Nina Kinsella, who is in charge of the jail inspection program of the Federal Bureau of Prisons, read a paper at the 1937 meeting of the National Conference of Social Work on "The Arrested Offender." Remember that this was nine years ago, and exactly fifty years after another speaker had said that rising public sentiment would demand reform in jail management. Let us see what Miss Kinsella had to say which might shed some light on the progress made in a half-century:

. . . No two county jails are organized under the same plan. There are just as many systems as there are jails—in fact most of them lack any semblance of a system. Many jail officials frankly admit that they know little or nothing about running a jail. Approximately 375 new sheriffs took office January 1 and assumed control of jails being used by the federal government. Under the most favorable circumstances it would take years for the best qualified and most efficient administrator to organize a jail system which would bring fair results. It is futile to argue that hundreds of untrained persons in these small distinct units will ever accomplish successfully the task that has been imposed upon them.¹

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The Director of the Bureau of Prisons was not willing to accept casually the existing standards of jail conditions when contracting for the boarding of federal prisoners. Therefore, he organized a system of rigorous inspection of local jails, and ten inspectors are now operating in this capacity.

¹ Nina Kinsella, "The Arrested Offender," *Proceedings of the National Conference of Social Work* (Chicago: University of Chicago Press, 1937), p. 585.

About three thousand jails have been inspected. The important factors of administration and discipline, building and equipment, food, personnel, care and treatment and other matters relating to custody and control of prisoners were measured and rated. Over 65 per cent rated under 50 per cent and 95.5 per cent rated under 60 per cent. The Bureau has listed 1,967 jails as being wholly unfit for the custody of a federal prisoner even for one brief hour. . . .²

This brings us to the year 1946. What progress has been made in this nine-year period? How does it compare with the tremendous advances in social work thinking and techniques? The answer is not at all encouraging. Miss Kinsella reported that 65 percent of the jails of the country rated 50 percent or less nine years ago; a report dated June 30, 1945, reveals that 80.8 percent of the jails now fall into that classification. And this has happened despite the improvements made in Virginia, Georgia, California, and New Hampshire. This is the situation notwithstanding the existence of a manual for the guidance of communities and their responsible officials in providing adequate and humane facilities for adults and juveniles held in temporary detention, published by the Federal Security Agency and approved by the National Sheriffs' Association and by the International Association of Chiefs of Police.

As a famous statesman once said, "Let's take a look at the record." The entry in this instance is in the March 14, 1945, issue of the *Congressional Record*, on page 2245 of which is the following excerpt from an address delivered to the House of Representatives by the Hon. Louis Rabaut, Congressman from the state of Michigan:

Local jails are a notorious horrible example of neglect and indifference. Let me give you an example of what is happening in two jails. On December 24, 1944, the eve of the great festival commemorating the birth of our Saviour, young John Emberg, a sensitive boy of 16, was brought to the King County jail in Seattle, Wash. He was booked only for delinquency. He was placed in the so-called juvenile section of the jail, which later investigation showed to be a hellhole of brutality and perversion. He was then promptly forgotten. He was not even given a preliminary hearing. Before anyone got around to his case his lifeless body was found—the victim of a brutal and sadistic murder by other inmates of the jail. During the month he was forgotten and held without a hearing he was persecuted, literally tortured and subjected to the most atrocious indignities, and finally beaten to death by other stronger boys because he refused to participate in their bestial activities. He was frequently tried by the "kangaroo

² *Ibid*, p. 587.

court," which was permitted to operate in the jail, because he would not engage in their orgies. He was tied to the bars with his feet high, the weight of his body resting on the back of his neck on the floor, and cigarettes and matches were burned between his toes. After three weeks of such unbelievable torture, death came to John Emberg's rescue. And, mark you, all of this occurred within a few yards of the office of the jailers.

During the court's investigation concerning this case a jailer testified that he knew that smaller boys were beaten and tortured by older boys and that a kangaroo court ruled the juvenile quarters but he did nothing about it; and the sheriff who was elected by the people and in whom they placed their confidence and trust to fulfill his responsibilities and obligations and to protect the individuals committed to his care, knew that the kangaroo courts and their unspeakable abuses flourished in the King County Jail.

The Federal Bureau of Prisons inspector pleaded with the jail officials, when he inspected the jail in 1943, to abolish the kangaroo courts and warned them of their dangers. But these warnings fell upon deaf ears, and with the knowledge and approval of the jail officials the kangaroo courts continued to rule the juvenile section in the King County jail. These courts are vicious organizations operated under the guise of self-government with the result that the most brutal prisoners can take advantage of the weak and helpless. It is a common practice for the members of these courts to extract money from newcomers. When a prisoner has no funds and when he refuses to pay the fines demanded he is assigned degrading tasks.

This episode I have related is not the first of its kind. It is like a second performance with a new cast and a new setting of a play staged in the Denver County jail, Colorado, in 1938. The same scenes and the same acting took place when young George Coover paid the penalty with his life at the hands of the unscrupulous actors of the kangaroo court. In these theaters of crime made possible through the negligence of jail officials young boys—our citizens of tomorrow—are being trained. I am constrained to ask—if such training continues without intervention what effect may we expect it to have in the shaping of things to come, and what will be our responsibility for the consequences?

There was a reason for the unusual amount of documentation in the first portion of this article. I wanted to establish a case before presenting my personal testimony. The illustrations which follow were gleaned from inspections made by me during the past two years. Let me show you the first exhibit:

Jail X is dead, admits it is dead, and does not care who knows it. A wheezy, whining jailer explained in detail just why it was impossible to do anything with (1) an antiquated plant and outworn equipment; (2) a penny-pinching, uncoöperative board of county commissioners; and (3) the high cost of food with a limited allowance for

same. One fifteen-year-old girl was held for being out after curfew. When asked why she had been confined so long—two weeks—on that trivial charge the reply was that they were awaiting the report from the clinic. There is not even a pretense of a matron. The jailer's wife is not in good health, and he does not permit her to climb the stairs to the quarters for women and girls.

Probably the worst feature is the tremendous fire hazard which these quarters present. Women are lodged in the attic over the office and residence of the jailer. There is a single approach, and that is a narrow, wooden stairway. In case of a fire in this passageway there would be no possible way of getting out the women and girls. Gas stoves constitute an additional fire hazard. In the women's quarters one is used for heating coffee. At the time of the inspection the stove was lighted and there was a very high flame, although there was no apparent need for it at that time. The sheriff states that he ordered the gas stoves out, but that the prisoners protested so much he put them back again.

The food supplies were stored in three containers. In one was coffee, in another oats, and in the third, navy beans. On Sunday stew is served. During the rest of the week it is oats for breakfast, beans for dinner, and beans for supper.

An examination of the records in the office of the sheriff revealed that in the six months period ending June 30, 1945, he had received from the county, for the feeding of prisoners, the sum of \$1,935.84; during the same period, expenditures for food amounted to \$862.48, or 44.7 percent of the money received. What happened to the remainder? It went into the personal accounts of the sheriff. How much did this expenditure allow per day for each prisoner? Nineteen cents per day. It is hard to believe that a city of 30,000 inhabitants, a city which is proud of its history and its achievements, a city which has organized social work, a city which is not in Japan or in China or in Europe but in these United States of America, would permit a situation to exist which allots only nineteen cents per day per prisoner for food.

Let us move on to the institution for those awaiting trial in another bustling American city. You will have to climb the stairs with me to a rotunda which, from the street, looks most picturesque but which, from the inside, emits such a stench that you are almost nauseated. Do you remember the Wisconsin gentleman who said,

away back there in 1887, that rising public opinion would not permit jails "so bad in every respect of health, of stench and of danger to health"? Inside this rotunda are four cells with no equipment whatsoever. On the wooden floor of the passageway are huddled four teenage boys. The only toilet is the floor of one of the cells. It is apparent that it has not been cleaned out for days.

When I first visited this jail the jailer was surprised that I seemed to be bothered about it. He was more surprised when I said I was going to remain in the city until other arrangements were made for these juvenile prisoners and until the terrifically unhealthy situation in that rotunda was cleaned up.

The mayor of the town explained that this was a county jail and there was nothing he could do about it. I talked with the president of the local ministerial association and the president of the council of social agencies. They were shocked; they had no idea that such things were allowed as, for example, the housing of truant girls with prostitutes and the detention of boys in rotunda cells without toilet facilities or even slop buckets. Months later I returned to this city and found that not a single step had been taken by any person of that community to better the conditions in this social cesspool.

Come with me to still another city and visit, with me, the county jail. We see a wide-open, loosely run institution in which a full bottle of whiskey is found in one of the cells. The food is very poor. Women are inadequately supervised, trustees are allowed out of the institution day and night, prisoners are employed on the sheriff's personal farm, and a prisoner is employed in the home of one of the turnkeys.

At approximately eleven o'clock one night, while I was checking the records at the main entrance of this jail, a man came to the front door, was admitted, and went on down to the basement. The next morning I saw this same man, all dressed up, in the trusty quarters of the jail. I asked him if he was not the one whom I had seen the night before, and he said that he was. When I inquired where he was bound he said he was going uptown to the laundry and then to the home of a guard. This was a prisoner, mind you. On the main bulletin board of the institution there is a sign reading: "Trusties, must stop going to the movies without telling the guard first."

There is a commissary which is operated by a trusty. At 10:30 P.M. this prisoner was in the kitchen making sandwiches and coffee which were later taken into the cell block and sold to his fellow prisoners. A similar trip is made after each meal. Coffee is served, officially, only

once a day, but it can be purchased from the commissary boy. Not content with squeezing thousands of dollars each year from the food allowance, for his personal account, the sheriff makes an additional profit from the sale of the coffee and sandwiches.

If time permitted I would like to take you to several other public institutions of this nature. I would like to arrange for you to talk with the sixteen-year-old girl who was attacked in the jail, in which she was being held for investigation, by a trusty who was left in charge while the jailer went downtown; or to the boy who was beaten because he did not have two dollars to pay the kangaroo court for "breaking into jail"; or to the man with running sores who was denied any medical attention whatsoever; or to the girls who put on a strip-tease for the entertainment of a friend of the jailer; or to the twelve-year-old, being held while arrangements were made for another foster home, whose only offense was that he could not produce enough work to satisfy his foster parent.

I have deliberately presented a one-sided story, but it is of the side on which most of the jails are located. There are few things more useless than destructive criticism or a negative approach to a given subject. This does not mean that the critic must always like everything indiscriminately; but it does mean that he should attempt to offer constructive suggestions for the obliteration of the flaws that he perceives. On this premise I would like to present a standard for jails and methods which would assist in achieving it.

James V. Bennett, Director of the Federal Bureau of Prisons, recently released the following sixteen-point criteria for an adequate jail, together with six suggestions as to what John Citizen can do about it:

1. A jail should be under the direct management and control of a person qualified by training and experience to supervise and control prisoners. As many persons as are necessary to provide constant supervision over the prisoners should be employed and be under authority of the head official. Salaries should be sufficient to attract persons of high caliber.
2. Jail officials should have a set of policies and regulations for the operation of the jail, for the employees and for the inmates.
3. The building should be structurally sound, secure, fire-resistant, properly heated, ventilated, and lighted. Windows should be screened. There should be a good locking system and the devices should be in operating order.
4. All parts of the jail should be kept immaculately clean.
5. Kangaroo courts or similar inmate organizations should be pro-

hibited. No prisoner should be allowed to have authority over any other prisoners. Employees should fulfill their own responsibilities and not turn them over to prisoners any more than a hospital superintendent turns over his responsibilities to the patients.

6. Brutal treatment by employees or prisoners should be prohibited. No prisoner should be permitted special privileges. Trustees, so-called, should be under the supervision of employees.

7. A competent physician should be available to take care of the medical needs of the prisoners, and to give each prisoner a medical examination when admitted to the jail.

8. Juveniles should not be held in jails, but if committed should be definitely segregated and well supervised.

9. Prisoners with contagious diseases, hardened criminals, and the sexes should be segregated.

10. Women prisoners should be under the supervision of a matron at all times. No male employee should have keys to the women's quarters or be permitted to go there unless accompanied by a matron. Male prisoners should never be permitted to go to the women's quarters to bring food or for any other purpose.

11. Prisoners should be fed three times each day. The food should have the proper nutritive value and be prepared and served in a wholesome and palatable way. The eating utensils should be returned to the kitchen and washed with soap and scalding water after each meal.

12. Adequate bathing and toilet facilities should be available, and water, soap, towels, and tooth brushes should be supplied to prisoners. These are essential to the health of any human being—prisoners not excepted.

13. Convicted prisoners should be kept employed. An ingenious jail official can find many ways to occupy the prisoners—working for the state or city or county, without interfering with private industry or free labor. They can work on salvaging government property; repair autos, trucks and other items; paint bridges; some of them can work on the highways under proper supervision; and perform other useful jobs. They should also be required to keep their own quarters and other sections of the jail clean. This work should be done under the supervision of an employee. Prisoners who have not been convicted should be given the opportunity to work within the jail confines if they care to do so. Useful occupation stimulates self-respect; idleness breeds trouble and leads to more crime.

14. There should be good reading materials available. Outdoor exercise should be required, and provisions made for education and religious instruction.

15. Prisoners' legal rights should be protected and they should be given every reasonable opportunity to confer with their attorneys, but the jail officials should see that they are not fleeced or exploited by unscrupulous persons.

16. Regular visiting by the family and friends of the prisoners should be permitted under reasonable conditions and under supervision.

The suggestions for securing improvement in the jail in our own community, as set forth by Mr. Bennett, are:

1. If you belong to a club or church group, arrange for the appointment of one or two members to assist you to inspect your county jail. Keep in mind the few standards indicated above. You may tackle the job alone if you wish. Your experience will soon attract the interest of others.
2. Remember that the jail facilities and the conditions which you observe are only part of the problem. Full information concerning the type of administration, the treatment, custody, and supervision provided the prisoners, must be obtained by questioning jail officials, probation officers, or other informed persons, and sometimes prisoners.
3. When you have completed your inspection and feel sure that you have a complete picture of the jail and its administration, report your findings to the local organizations in your community and suggest that the appropriate county officials be requested to make the necessary improvements, which may include changes in personnel or in the prisoner's treatment, repairs to the building and equipment, or additional equipment. If juveniles are in the jail, notify the courts, probation officer, and welfare organization.
4. Repeat your inspection tours until improvements are made, and continue to make periodic inspections.
5. When the situation warrants the Governor's attention, report your findings to him.
6. After your inspection has been completed, if you want to get advice for a program for state-wide jail improvements, write to the Federal Bureau of Prisons, Department of Justice, Washington 25, D.C.

Today, tomorrow, and in the days to follow there will be countless instances of maladjustment which will culminate in conflict with "the law" and commitment to a local jail. One of the more important answers to the riddle of these offenders lies in the adequacy of the treatment which they receive while being detained. If this thing which is called "rehabilitation," or which Roscoe Pound designates "individualized justice," is to be more than a savage striking back or a mere compassionate gesture, there must be a greater sensitivity to the shortcomings of the American jail system and a willing acceptance of the responsibility to do something about it. If the degrading and revolting treatment of detained persons is to be eliminated, social work practitioners, both professional and volunteer, must become active in this area which they have hitherto viewed as alien land so far as their techniques and responsibilities are concerned. This calls for more than thoughtful discussion at meetings and congresses. This calls for action.

CASEWORK IN SOCIAL PROTECTION

By Mazie F. Rappaport

THE TERMS "social protection" and "protective service" have come into wide use recently to describe services offered to delinquent girls and women. While these terms are not too satisfactory, I believe that there is implied in these words protection both of the individual and of the community—indeed, protection of our way of living.

There is probably no group of its citizens which a community finds it so difficult to accept, no other group of people whose very existence it would like so much to deny, as its promiscuous men and women and, most particularly, its prostitutes. The very words prostitution and promiscuity represent a threat to the family. The community which feels so guilty, however, too often denies to its prostitutes any chance for finding another way of living.

It is understandable why communities do something about such a serious situation only during time of war. Any individual, any group, moves more vigorously on any problem when there is external pressure—when, for instance, the military authorities insist that something must be done.

We know that it is to be expected that the problem of promiscuity and prostitution will be present, and indeed will increase, wherever war or any crisis creates great changes. During a war, industries and military camps spring up in strategic areas; there follows severe dislocation of the population, and this brings with it an increase in promiscuity and prostitution.

The Baltimore Venereal Disease Council was organized late in 1942 because "it was felt that a modern attack on syphilis, gonorrhea or other venereal diseases in any community is more than the task of its health department, police department, welfare or liquor control or recreation department, or its courts or social institutions—that it is, indeed, the common task of all these agencies, the responsibility of the community as a whole." In its first meeting, the Council went on record as saying that "efforts will be made to lend assistance to the military authorities in their current venereal disease control program but the major effort will be made a long-range plan that will

make the venereal disease record of Baltimore, which is a very dark one, as much better as possible."

The Venereal Disease Council accepted responsibility for three areas of activity: (1) legislation—law enforcement and responsibility for the vigorous repression of prostitution; (2) health—improvement in case-finding, facilities for treatment, and development of rapid treatment; (3) rehabilitation—the development of social casework service to which could be referred prostitutes and promiscuous girls wanting help in trying another way of living. In accord with these plans the Venereal Disease Council has been the integrating agency and force in a comprehensive program of venereal disease control.

Venereal disease and prostitution are so closely connected that there is widespread belief that every prostitute is diseased and that every girl who has a venereal disease may be a prostitute. This, of course, is not quite accurate. It is important to realize, however, that the venereal diseases will not be controlled unless prostitution is repressed, unless promiscuity is controlled. No matter how much the community concentrates on medical treatment and case-finding, the phenomenal new cures and the best epidemiological methods will not be effective unless there is recognition that the venereal diseases are closely and specifically related to the asocial or antisocial form of behavior known as promiscuity. A change in the behavior of most patients is truly as important as the medical treatment.

The terms "promiscuity" and "prostitution" are used synonymously by most people. This also is incorrect, for "prostitution" is actually a legal term. It is a violation of the law which describes this violation as "the giving of the body for hire." Involved in prostitution there is always promiscuity which, in our society, is a socially unacceptable and socially destructive form of behavior. Throughout this paper the words "prostitution" and "prostitute" will be used only as legal terms with the understanding that through the ages prostitution has undergone many changes. Today, houses of prostitution have given way to taxicabs, parks, hotel rooms, alleys, and tourist cabins. Soliciting is done in movie theaters, night clubs, and taverns, and on the streets. Waitresses and bar maids have replaced "the sitters." The modern entrepreneur or pimp is likely to wear the uniform of the bell hop or the badge of a taxi-driver. The "racket" is less well organized; it is harder to recognize and, therefore, more difficult to repress. Gifts, free meals, and bus tickets may constitute the "fee" in this modern age. What

makes the distinction between prostitution and promiscuity so difficult to determine is that the fifteen-cent bottle of beer may represent the only charge made of the serviceman. Some girls "charge the civilian but take on the serviceman free." Sometimes the girl takes on the sailor free but charges the soldier, while the more sophisticated girls know that the merchant seamen are the men with the money.

Whether the girl charges or whether she does not, the behavior is much the same, and its effect on the personality of the girl is equally serious. The girl who is sexually promiscuous gives false addresses, uses "fancy" names, bleaches or hennas her hair, drinks to forget or to "loosen up," uses extreme make-up, and cannot be "herself." If she lives at home she is likely to become less and less a part of the family. She stops writing to friends and relatives and severs many ties. The promiscuous girl does not permit herself to have any meaningful relationships, and finally she cannot have them. Her use of aliases and her frequent moving from one address to another may have some relation to evading the police officer who she may believe is watching her, but it is likely that they have more relationship to the denial of self which comes with promiscuity.

It is necessary for those who work with prostitutes and promiscuous girls to know something about the way they live and something about the "newest trends in the racket." More important, however, is the underlying philosophy of a service such as ours. We cannot think of promiscuous behavior as right or wrong. Prostitution is a way of living which is against the law and which gets women into a great deal of difficulty. Promiscuity is a damaging experience for the girl. It can destroy her as a person. If a social casework service sets out to help the girl who is caught by something so fatal, something which she can no longer control because she no longer dares care what she does, then that service must meet her where she is—in the depths. It must be able to throw to her a life line with which she can save herself.

The Protective Service of the Baltimore Department of Public Welfare came into being in June, 1943. It is the rehabilitation service which the Venereal Disease Council recommended. It is also one of four divisions of the Baltimore Department of Public Welfare, the other three being the family service, child placement, and medical divisions. Although the Protective Service is the newest and smallest of the divisions, it has captured the imagination of the community.

The first girls were interviewed early in August, 1943. Some two thousand women have been known to the Protective Service since that time. About 450 have used some part of the service; the remainder, by their own choice, have gone their own way. The ages have ranged from sixteen to sixty with the high point between seventeen and twenty-five. The majority have been white, although more Negro girls are being referred now. A good many of the women have been married. A surprising number were adopted or given away when they were children. As a group they do not seem dull or feeble-minded, although most of them are uneducated, unorganized, and unintegrated. The organized, the more truly delinquent, girls are likely to be local girls, some of them well known to social agencies, whereas the girls from out of town, who were in the majority during the war, are more "at loose ends." It is clear that the homes from which these troubled girls come have not made it possible for them to solve their problems there. There is an economic base for prostitution, but it is a subtle one. It is our firm belief that, by and large, girls do not prostitute because they do not have money with which to live, but because there has not been enough in their lives to help them become useful citizens, to live as happy and free people, creating something in their work and play. Many have fallen into promiscuity because they have never learned good habits of working, playing, and taking care of themselves. They have never learned to be with other people or to be with themselves. They do not read, they know nothing about music or art, they have never belonged to clubs or groups or been on picnics or hikes. They have not belonged to the Girl Scouts or Girl Reserves. Many of them have never really had a childhood, and can never go back and capture what most of us have taken for granted.

When it began in 1943, the Protective Service acted as a receiving and referring agency, receiving girls from the police, health, and penal agencies and then referring them to one of the city's private family agencies. Before long it was evident that the Protective Service was, in essence, attempting to do the intake for the private agencies. The fact that many a girl did not arrive at the agency to which she had been referred by the Service, established the most troublesome aspect of the arrangement—the girl was being shifted too abruptly from one agency to another. In May, 1944, therefore, the Protective Service took as its function the provision of a direct casework service to girls and women sixteen years of age or older, who are or have

been promiscuous and who seem to want to change from this way of living. The Protective Service is predicated on the belief that human beings have great capacity for change. It believes that girls are not born into our society promiscuous and that women are not "born prostitutes"; that many women and girls do not like or want to be promiscuous, but that they are unable to leave this way of living without help. In order to reach the girls and to keep the community well aware of the problem, the Protective Service has accepted responsibility for constant promotional activity as well as for exerting pressure on the community to develop the resources necessary for helping these women.

The Protective Service is readily available to the law enforcement, health, and penal institutions, for delinquent girls do not often search for a social agency or for its help. The Protective Service has had to go where the girls are, offering and interpreting its service, helping girls to decide whether or not they want it. We go into the prison and the jail regularly to see girls who have just been committed on sex charges and those who are about to be released. We accept any and all referrals from the police, court, health, and other agencies, thus giving the girl the opportunity to know about the Protective Service and to decide whether she wants its help. We have gone out toward the girls again and again and we do not feel that we have compromised ourselves as social workers in doing this. The skill lies in going to the places where the girls are but in leaving them free enough to make their own decisions about whether they even want to talk with the worker. It is important to state that if and when the prisons, courts, and health agencies add social workers to their staffs, it is unlikely that we would continue to go out to those agencies.

The one question which has been asked of the Protective Service most frequently is: "Do you really believe that you can do anything with prostitutes and promiscuous women?" In 1943, we answered rather tentatively that we thought we could. Now, in 1946, our answer is a firm "Yes." We do know how to help promiscuous girls and prostitutes. We know that there are some who do not want to, or who perhaps cannot, leave that way of life, but we offer our service to every prostitute and promiscuous girl we can reach.

The second most frequent question is: "What does a social agency do with prostitutes? How can delinquent girls and women be helped?" Whether or not a girl can be helped depends largely on her capacity

for relationship. This is the most important single factor, since our method is to help her to have at least one satisfying relationship. She has been having many unsatisfactory contacts with everyone; she has protected herself from having any one person with whom she is willing to be her real self. If the social worker can be frank, open, and honest about what she, the worker, and the girl need to do and are doing, leaving her free to accept or reject the agency's help with full knowledge of what is involved, then perhaps the girl can at least trust the worker enough to build a relationship between them. Experience has shown that some girls cannot use this help. The "mortality" in a service such as this is high, but our experience has proven conclusively that girls can quit being promiscuous, that they can quit prostituting. Thus far our experience has also proven that it is infinitely easier for the agency to help, and for the girl to be helped, if she comes when she has been placed on probation, since the authority of the court is a powerful dynamic carrying within it the power to help another to change.

We are struggling to find something as powerful as that for helping the girl who comes to us voluntarily. We think that we are learning how to nurture the spark which a girl brings when she comes voluntarily, because she does not like what is happening to her. It is because we are certain that many of these girls do have strengths that we are willing to try over and over again to help a girl. Help to secure a job, temporary shelter, a place for more permanent living, a loan until she receives her first pay check, a medical examination, transportation home, etc., are all a part of the service we can render if we believe that she is trying to change.

A girl is eligible for help only as long as she tries to quit being promiscuous, and her eligibility is reconsidered constantly with her. Throughout our relationship with a girl we believe in her and place more and more on her the responsibility for her own behavior. This makes the relationship different from others which she has had, and it is our intention to keep it different. We accept her the way she is, but we expect her to change if we are to continue to work with her.

Can a social agency expect, require, and even insist on change in the other person? I believe that it can, that it must. The expectation, and certainly the requirement, is different in degree and kind when the girl is on probation and the agency is therefore responsible to the community through its courts, but I believe that there can and must

be expectation, too, when the girl comes to the Protective Service voluntarily. Expectation implies belief that it can be done, and the girl can govern her actions by this expectation, this belief in her. Then, too, the Protective Service must stand for something. The amount of change can be small, the rate of change may be slow, but something in the girl's behavior must begin to be different if we are to continue.

In beginning to work with a girl we show her what this relationship will be like by making the intake interviews an indication of what the Protective Service is. Her first contact begins with the receptionist who greets her when she comes to our offices for the first time. She is called "Miss" or "Mrs." Smith or Brown. The intake worker comes out to the waiting room to meet the girl and takes her back to her office. She helps the girl through the difficult beginning when she feels so "low down," so bad, so unworthy. If the girl has been placed on probation, this is the point at which they begin. If she has come voluntarily, the fact that she has come "on her own" is the spot at which they start.

During the first interview and, indeed, during the several others which may make up the intake process, the worker tells the girl about the requirements of the agency. They consider together whether the girl will be willing to do these hard things—work in a job for which she, herself, can have respect, live in a place where she can stay out of trouble, etc. The girl is given every opportunity to make her own choice responsibly. For the girl who has been referred while on probation, the choice is between probation as the Protective Service sets it up and prison, never between probation and freedom. For the girl who comes to the agency voluntarily, the choice is between electing to try to use this service or going on as she did before. From our experience, we know how very much the girl must do for herself. We know that she must come to grips with the fact that this is not the way she wants to be before she can move away from it. The Protective Service cannot want this for the girl, for our wanting would not leave her free enough. The social worker, throughout, must realize that our help can be given only if the girl wants to try to use it. The worker must know, too, that accepting responsibility for herself is most difficult for the promiscuous person who comes to the agency with no real self-confidence or self-respect and who knows only too well that the community is skeptical and critical and some-

times not very helpful. There are many pitfalls. The emphasis on romance is so strong in our society that one wonders how any pretty girl can say "no." Our movies, our songs, our magazines threaten her with boredom and spinsterhood if she says "no." For the girl who is attempting to change her way of living there is always the question, "What am I going to get out of this?" If we can help her to get something useful for herself, then, perhaps, she can go on to a more positive use of herself in her relations with others.

As a part of the intake process, the girl signs an application blank. This is a meaningful experience for some of these girls. Signing her name to a document, being thought worthy enough to make decisions for herself, being called "Miss" or "Mrs.," engages the girl in a new experience in which she has a part. A girl will sign a name which, as the interview progresses, turns out to be an alias. She, herself, may be the first to say that she cannot go on with this agency "under false pretenses." Several girls have asked whether they could sign new blanks with their real names. "Tough" girls can have shaking hands when they take the pen to sign their names. Girls are often suspicious of the blank, and at the point of signing sometimes ask their first real questions about the service and what will be expected of them. Some turn the sheet over to see if there is something they have not been told about on the other side. When the application blank has been signed, the girl is assigned to a worker who from then on will work with her regularly.

The agency carries a heavy responsibility. Through its worker, it must put in the structure, the tangibles, which make it possible for the girl to change. We have used some simple but specific requirements: a job; a place to live; evidence that the girl has gone to a venereal disease clinic; regular savings; a half hour weekly appointment with her worker for at least three months, sometimes for six months. Sometimes we add to these requirements; sometimes we eliminate one or more, depending on what the girl is doing, where she is living, etc. Certainly we would not require a girl to work if she has a baby and seems to be giving it care.

In the case of Mrs. Castle the Protective Service helped her to make application for aid to dependent children so that she could take better care of her three youngsters. Once she had come to terms with herself and decided that she would leave her old crowd she be-

came concerned with being the mother of her children. She herself came to the conclusion that she should quit working in a factory and accept the assistance to which she and her family have a right.

Nor would we insist that a girl who is married go to work. Whether a wife should or will work is a decision to be made by the wife and her husband, and we respect this decision if we believe it to have been made responsibly. With the single girl, the girl living away from her husband, the divorcee, or the widow, we do specify work as a requirement unless illness or family responsibility makes this unwise.

It is important to define the satisfactory job. We believe that these delinquent girls should work in places where the hours are regular and the pay adequate; in jobs where there is supervision and opportunity for achievement and advancement. We know that certain jobs are hazardous for the promiscuous girl and the prostitute. The jobs of waitress, bar maid, taxi-driver, usherette, strip-tease dancer, night club photographer, or cigarette girl are unsafe for such girls. These are informal, unsupervised, underpaid, highly tipped jobs. Liquor and men add to the chance for trouble. We rule out these jobs, but at the same time we offer help in securing more satisfactory and more satisfying jobs.

Sometimes a girl has a job when she is referred to us. There is always consideration of whether or not this job has in it enough positive features to make it good for the girl at this point. The hazards of night-shift work are considered. Not only are there some risks in coming home at midnight or 4 A.M., but the night shift also puts the girl out of step with the way in which the rest of the world is living. A girl who has been promiscuous needs to try to live in a more orderly, a more normal way.

Sometimes a girl resists changing from the night shift, saying that she has become accustomed to the hours and likes them. Mrs. Stone was such a girl. She had been a waitress at night and pointed out again and again all the advantages of night work—the tips are better, it is cooler in summer, the employer could trust only her, etc., etc. When she was finally willing to change from being a waitress to working in a factory, she still insisted on taking a night job. It was around what was involved for this young woman on probation in changing to a different way of working and living that the worker could hold Mrs. Stone to making a real and responsible decision for herself. The agency was requiring the change, but it was not insisting that Mrs.

Stone stay on probation. Mrs. Stone must decide whether she wanted to stay "on the outside" enough to be able to change her working hours, the very hours which helped to get her into difficulty. The worker gave Mrs. Stone several weeks in which to make her decision. She could sympathize with Mrs. Stone in her struggle, but at the same time she held steadily to the requirement: no waitress work, no night shift! From the record we see that Mrs. Stone changed to the day shift and, after several months, is still working.

A girl often rails against not being able to work as a waitress. We let her rail. We listen to her protest that this is the only work which she knows but we hold steadily to the fact that the waitress job is out if we are to help her. Perhaps this is her way of saying that she wants to go on as she has been doing, or perhaps she is saying that she cannot learn to do something else even if we give her our strongest support. To her protest that she can earn more as a waitress than as a factory worker, we say that she certainly can. That was the job in which she got into trouble, too. No—no waitress or bar-maid job. (I would like to add that our stand is no reflection on waitresses, but that it is rather an indictment of the usual job of waitress. Certainly not all waitresses are prostitutes. Just as certainly most prostitutes and promiscuous girls have had some experience as waitresses.)

When it comes to where the girl shall live, again we are clear about several points. Living in small notorious hotels—usually all hotel living—is out. We do not permit a girl to live in a furnished apartment with other girls who are known to be prostituting. We would say "no" to her living in any of certain well-known neighborhoods. We do not feel that we are being overprotective, but, rather, that we are being realistic. The girl will have enough, indeed more than enough, to do to give up promiscuity even under the best working and living conditions.

As for bringing in some evidence that she has reported to a venereal disease clinic for examination, here, too, the girl has some chance to test for herself whether or not she wants to live differently. It requires courage to go to a doctor. It is infinitely harder to go to a clinic for venereal diseases where examination may corroborate the promiscuity; where treatment may be compulsory if the disease is infectious at the time of examination. We require that all girls, except those referred by health agencies, go to the clinic and bring back a statement that they have reported. After that, it is between the Health Department

and the girl. We do not have any part in forcing her to take treatment. We could, however, certainly question whether she sincerely wanted to do anything about quitting promiscuity if she had a venereal disease and failed to take treatment.

For the girl who has been prostituting, particularly the girl who is not living with her family, we sometimes add the requirement that she save some money. We believe that the girl who has a backlog of savings on which she can live for a month in case of unemployment or illness may have a better chance of not going back to prostitution so quickly. Although we have had less experience with this requirement than with some of the others, it seems to be valid.

The weekly appointment is the one element in her new life which differentiates it from the working and living of other people. Once a week for thirty minutes the girl and worker come together to consider and reconsider how she is getting along, how she is managing this business of being responsible for her own behavior. These visits are scheduled at the same time each week and do not interfere with her working hours. We stress the regularity of the interview, which is always held in the worker's office. It is in coming together with her worker every week that the girl can begin to feel the trust that the worker has in her and which, hopefully, she can begin to have in her worker. Girls test us over and over and in many ways before they believe that we will not follow them, report them to the police department, or force them to take treatment. It is a bewildering experience for such a girl to be trusted and to trust. To know, perhaps for the first time in her life, that someone will be there and will expect her; to know that someone cares what happens to her but also requires an effort from her is a new and strange experience for these girls.

One of our workers recently ended an interview with eighteen-year-old Jennie Smith by saying, "Well, that is what probation to the Protective Service will be like. You keep saying that you want to try this but you've been in trouble before—several times. What's the difference this time?" Jennie's quick retort was, "You're the difference." Those words describe eloquently the beginning of a relationship. Recently, Miss Clark, a girl on probation, came to the office to find that her worker had gone for the day. The girl had not received the worker's letter explaining a necessary change in the appointment. Miss Clark, in expressing her surprise—even disbelief—at the

worker's absence, said firmly, "My worker Miss Harmon, would not do this to me." Because we expect Miss Clark to keep her appointments with us responsibly, she expects the same from her worker. When she can trust and expect, she is someone. She is beginning to have a relationship in which she can give and she can take.

The intent of our service, then, is to help the girl develop this relationship. It is amazing to see how it can be developed in only one or two interviews. More sharply than any place else, this has been brought out at the Rapid Treatment Center, which is a part of the Baltimore Department of Public Welfare. Here, for nine days, men and women are treated with penicillin for syphilis. To the Baltimore center has been assigned a social worker from the Service staff. The focus here, too, is on behavior; for the patient can stay cured only if she wants to stay so and if she is willing to change the behavior which brought on the syphilis.

Our worker at the Center has found that the patients with whom she works feel very guilty and care deeply because they have a venereal disease. They are concerned about what they have done to themselves, about what their families and friends think. We are sure that having the worker help them work through some of their feeling about this, and then placing on them squarely the responsibility for doing something different, if they do want to stay cured, is a sound and valid way of helping. This can be done only if the girl is engaged in the process. That is why it is important to meet her as she is and as she feels she is—a girl in trouble and a "bad" girl.

We who work with these so-called "bad" girls know that the real punishment for any delinquent is the guilt she feels about her own behavior. Only those prostitutes who truly cannot be responsible for themselves require incarceration. For many, probation offers the opportunity to test and learn to use themselves more responsibly. The promiscuous girl who has not yet come into conflict with the law also has guilt about her behavior. Punishment only satisfies the wrathful community. Rehabilitation that is a casework service offers the opportunity for consideration of behavior and change. The goal must not be to separate these girls from community living, but rather to help them to have meaningful relationships so that they can be better integrated into community living. As they get some sense of their own worth, they can move into being happier, more useful people.

SOCIAL CASEWORK IN A SOCIAL PROTECTION PROGRAM

A Prepared Discussion of the Paper by Mazie F. Rappaport

By Hazle G. Corrigan

THE WORK IN WHICH the Psychiatric Service of the San Francisco City Clinic is engaged differs in some important respects from that of the Baltimore Protective Service. Ours is a public health project for promiscuous and potentially promiscuous girls and boys, young men and women, in connection with a venereal disease clinic. Most of our experience has been with girls between sixteen and twenty-five. Psychiatric social workers, a psychiatrist, and a psychologist offer a voluntary service. By "voluntary" I mean that coming to our service is not a condition of probation, of attending the venereal disease clinic, or of anything else in which they may have a stake other than in solving some problem, internal or external, with which they are having difficulty. Sometimes two or three interviews are held before the girl can verbalize her need for help. Up to that point she may only accept the invitation to return. If her interest is not genuine she will soon discontinue her visits.

By and large our patients are not court cases. To the occasional girl on probation, we make it clear that we stand ready to help her in any way to meet the conditions of that probation, but that our help is not dependent upon her meeting those conditions and that we will not pass on to the court any information gained in confidence. Our service was planned as a research project, and an effort was made to select patients whose behavior problems were similar, namely, promiscuity and potential promiscuity. We do not ordinarily take prostitutes. We believe that there is a fundamental difference between prostitution and promiscuity. It appears as a result of our study that the promiscuous girl is seeking for something in the form of a relationship from each man with whom she engages in sexual relations. True, the very circumstances of these experiences doom her to dis-

appointment. I would also suggest that the promiscuous girl may give more of herself in even the casual sexual experiences. In our opinion the girl who accepts entertainment or gifts but not as a direct consideration for sexual relations should not be considered a prostitute.

Mazie F. Rappaport has mentioned the deprived childhoods which these girls have experienced. Day after day the theme of broken homes and disturbed families is repeated. At least 80 percent of our patients related conflicts about their families, either current difficulties or unresolved conflicts from the past. We spent considerable time in studying the girls' motivation for promiscuity. For one half of the promiscuous girls, intrapsychic conflicts appeared to be of major importance. For these patients, it appeared that promiscuity was a neurotic symptom through which the conflict was being acted out in the environment. A small group had some characteristics of the so-called "psychopathic personality," although they were rarely diagnosed as such. Having recognized that intrapsychic conflict was a primary cause of the promiscuity, our emphasis was not necessarily upon the girls' promiscuous behavior, but rather upon solving the conflicts which led to such behavior. In almost every instance the relationship with the mother had been inadequate, often hostile, from an early age. Many of the girls had never been able to identify with a feminine person and had a great deal of confusion regarding their sexual role.

We do not consider our group delinquent. Very few have been known to the courts, and neither clinical nor Rorschach findings suggest antisocial tendencies. Their sexual behavior is rather a problem in interpersonal relationships.

Miss Rappaport points out the limited capacity many girls have for satisfying relationships with others. We too feel that the capacity the patient has for relationship will largely determine whether or not she can be helped. The opportunity for building up her own self-regard through the worker's concern with her feelings about what has been happening to her—a recognition that what she feels is important—may be a first step, the "life line" which Miss Rappaport describes. Some girls are so harassed by their conflicts or so bogged down in despair that they cannot even begin to think of ways out until they have experienced the worker's understanding, accepting—though not condoning—attitude toward them. For still other girls the opportunity for the first time to identify positively with a feminine person

may be a significant factor in finding the way to modifying their sexual behavior.

We too find the problem of overcoming distrust a serious one. To facilitate the establishment of trust in at least one person we have arranged that the worker who first interviews the patient will continue to see her. We too have experienced much difficulty in referrals to other agencies but we have continued to refer those patients who can be brought to accept general psychiatric clinic care or family agency service. Not more than 10 percent of our patients are referred to other agencies. Considering the very real difficulty most of these girls experience in developing trust in any person, caution must be used not to destroy the trust once it has been established. Some girls cannot bear the thought of attempting to relate to another worker; an occasional patient, however, feels that she can accept referral because the worker whom she has come to trust has confidence in the agency to which she is being referred.

We also believe with the Baltimore group that a girl should have the freedom to choose whether she wants our help. Some girls do not want to change their mode of life; others cannot change; others wish to change but must work it out in their own way, without us. Where I think we differ with the Baltimore group is in our concept of the meaning of freedom of choice. How free is a girl to choose whether she wishes help if her choice must be between probation under the agency and prison? I do not mean to suggest that a girl who has been sentenced to jail should not fulfill the conditions placed upon her by the court, but I do not feel that the girl should come to us for help because she has no other alternative except jail. We are striving to help girls because they want to be helped, not because they may use our service to avoid something worse. Our attitude toward the environmental changes demanded of girls who are to receive service is similar to the attitude I have just described. We believe that more fundamental change can be accomplished, perhaps at a slower pace, by permitting the patient to come to the conclusion herself that certain changes may be desirable. At no time do we consider present environment to be the major factor in promiscuity.

This raises the question of what happens to the patient who is not able to live up to the demands described by Miss Rappaport. For instance, I am thinking of a depressed patient who was emotionally unable to work or to change her living arrangements, and who might

have chosen jail in preference to help which made these demands.

Miss Rappaport says that girls are eligible for the help of the Baltimore Protective Service only so long as they try to quit being promiscuous. I would agree with that policy if it includes a generous allowance for genuine ambivalence and does not judge by overt behavior alone whether the girl may ultimately be able to change. We too expect that the girl will be able to change but we do not reject her if she cannot change immediately. We are, of course, in a different position in that few patients will return to us if they do not wish help in some area, since they can have no other motive for coming.

I should like to add that our psychiatric social workers would hesitate to undertake treatment of a large group of our patients without the opportunity for consultation with a psychiatrist. Our psychiatrist has pointed out the caution with which one must proceed in breaking down old methods of adjustment before the need for these adjustments has been removed. In so far as promiscuity is a neurotic equivalent we might expect other serious personality deviations to take its place if the patient gives it up under compulsion rather than as a natural result of solving some of the underlying problems.

In conclusion, I should like to emphasize how important I believe it is that casework service be extended to promiscuous girls in whatever setting they may be met—in venereal disease clinics, in courts, in programs for unmarried mothers, and in many general casework and psychiatric agencies. The more the general agencies become aware of what they can do, the less will it be necessary to single out this group of girls for help in specialized agencies. Miss Rappaport has well portrayed the present need for going out to these potential clients in whatever setting they may be found. In this respect, San Francisco has much to learn from the work in Baltimore.

LEGAL CONTROL OF VENEREAL DISEASE

By William George Gould

LAWS ARE THE FOUNDATION on which public health and social protection programs can be built; however, venereal diseases and prostitution cannot simply be legislated out of existence. Citizen support is needed, in addition to adequate laws, if health authorities are to maintain effective venereal disease control and if law enforcement officials are to carry on a successful repression program.

Generally speaking, there are four types of legislation and legal provision relating to social protection and venereal disease control which are of special current interest to the public. These include laws for the repression of prostitution, premarital and prenatal examinations for syphilis, and venereal disease control laws and regulations. It was not until 1925 that all the states had some type of law to protect the family and community from the moral and health hazards of commercialized prostitution. There was little improvement of these laws from 1925 to 1941, but excellent legislative progress was made by a number of state legislatures in the past five years.

As of May, 1946, nineteen states ¹ have adequate legislation against most aspects of prostitution. These laws penalize prostitutes, their exploiters, such as keepers, "madames," procurers, go-betweens, and the like, and male customers who have intercourse with prostitutes. Ten states ² and the District of Columbia have adequate legislation against most phases of prostitution but do not punish the activities of customers of prostitutes. Seventeen states ³ have laws against only some of the activities of the prostitutes and their exploiters. Two states ⁴ have laws that are considered inadequate. The Injunction and Abatement Law, a civil action, which provides for the closing of

¹ Arkansas, Connecticut, Delaware, Florida, Kentucky, Maine, Maryland, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Vermont, and Wyoming.

² Georgia, Louisiana, Michigan, Mississippi, New York, South Carolina, Utah, Virginia, West Virginia, and Wisconsin.

³ Alabama, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Oregon, Pennsylvania, South Dakota, and Washington.

⁴ Arizona and Nevada.

houses of prostitution and other places where prostitution exists as a public nuisance, is on the statute books in all but four states.⁵

In 1935 Connecticut passed the first premarital examination law, the essential provisions of which are now in operation in thirty-two states⁶ and the Territory of Hawaii. The majority of states now require a physical examination, including an approved blood test for syphilis, of both the bride and bridegroom and a certificate from the examining physician as a prerequisite to marriage. Physicians and health authorities report that by the application of the premarital examination laws many syphilis infections are discovered among persons who did not know that they had the disease. The general purpose of this legislation is, not to prevent, but to postpone marriage of infected persons while the disease is in a communicable stage (except in Massachusetts and Virginia). New Jersey, New York, and Rhode Island in 1938 passed the first laws requiring physicians or midwives to see that a serological test for syphilis is included as part of the examination of every expectant mother seeking medical care. If syphilis is discovered in early pregnancy and adequate treatment is given, the baby has a 95 percent chance to be born free of infection, according to medical records studied. Thirty-six states⁷ and the Territory of Hawaii now have prenatal examination laws.

In the past few years a number of states strengthened their venereal disease control laws, particularly in relation to the examination, reporting, treatment, quarantine, follow-up, and finding of persons with an infectious venereal disease. All the states and the District of Columbia, as of May, 1946, have legal provisions covering these requirements. A majority of the states and the District of Columbia have laws or regulations forbidding the advertising of cures for venereal diseases; and one half of the states have statutes prohibiting the sale of remedies for venereal diseases without a physician's prescription. Experience has proved that such legislation is an essential

⁵ Maryland, Nevada, Oklahoma, and Vermont.

⁶ California, Colorado, Connecticut, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, Wisconsin, and Wyoming.

⁷ Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Washington, West Virginia, and Wyoming.

and important factor in maintaining a smoothly functioning venereal disease control program.

Federal laws of major importance against prostitution are the Mann Act, which prohibits interstate and international traffic in women; the Bennett Act, which penalizes those who import aliens for immoral purposes and also provides for the deportation of aliens engaging in the practice of prostitution; and the May Act, an emergency measure made permanent law on May 15, 1946, by Congress with the passage of H. R. 6305, which prohibits prostitution in the vicinity of military camps and naval establishments. On July 9, 1918, largely through the efforts of the American Social Hygiene Association, Congress enacted the Venereal Disease Control Act which created the Division of Venereal Diseases in the United States Public Health Service. This new division was charged, among other duties, with the responsibility of coöperating with state boards of health in the control of venereal diseases and in the prevention of the spread of these diseases in interstate traffic. The Federal appropriation provided in this Act was allowed to lapse in 1922, and the program of activities, to a considerable extent, was discontinued. In 1938 the venereal disease problem was again attacked on a nation-wide scale when the 1918 Venereal Disease Control Act was amended by Congress, with the passage of the La Follette-Bulwinkle Act, authorizing an annual appropriation * and giving the United States Public Health Service funds for research, education, and for grants in aid to the states. This law was repealed on July 1, 1944, when its provisions were included in the Public Health Service Act which consolidates and revises the laws relating to the United States Public Health Service.

Because of the need to strengthen the social protection aspect of the program, conferences were held in 1939 with the Army and Navy departments, the United States Public Health Service, state and territorial health officers, and the American Social Hygiene Association, which resulted in the preparation of a joint statement dealing with official and voluntary measures for the control of venereal diseases and the repression of prostitution in areas where armed forces or

* Appropriations made by Congress to the United States Public Health Service to carry out the La Follette-Bulwinkle Act from 1939 to June 30, 1946 were as follows:

<i>Year</i>	<i>Appropriations</i>	<i>Year</i>	<i>Appropriations</i>
1939	\$3,080,000	1943	\$12,500,000
1940	5,000,000	1944	12,367,000
1941	6,200,000	1945	12,339,000
1942	8,750,257	1946	11,949,000

national defense employees were concentrated. This statement, known as the "Eight Point Agreement," was accepted at the conference of state and territorial health officers held in Washington in May, 1940. At a meeting of the interdepartmental committee (representatives of the Secretary of War and Navy, the Attorney General, the Federal Security Administrator, and the chairman of the executive committee of the American Social Hygiene Association), held January 14, 1946, a revised draft of this agreement was prepared to meet postwar conditions threatening the health and welfare of our armed services.

The Federal Government in March, 1941, established, as an integral part of the wartime social protection and venereal disease control program, the Social Protection Division of the Office of Community War Services in the Federal Security Agency. During the war years the new agency carried on an aggressive program for the repression of prostitution and promiscuity and for the correction of conditions contributing to sex delinquency, with particular attention to communities adjacent to military and naval establishments. The Social Protection Division also stimulated and aided in the development of programs for the redirection of sexually delinquent persons. The Division does not direct police or social welfare work. Its activities are advisory, and it promotes coöperative working relationships among the police, courts, health, and welfare agencies in the fight against prostitution and in the readjustment of its victims. One of the outstanding services rendered by this division was the bringing together of leaders in the law enforcement field throughout the country, resulting in the formulation of a definite program based on actual experience of local police departments in the repression of prostitution. In 1941 the Social Protection Division appointed a National Advisory Police Committee composed of leading police chiefs and sheriffs. This committee has assisted in securing the coöperation of chiefs of police in the repression program. Successful procedures developed in one community were made available to other police departments. Field representatives of the Division have helped in the improvement of methods of law enforcement, protective policing, especially through the use of policewomen, and the detention of adults and juveniles.

During the early part of the war the Federal Bureau of Investigation, at the request of the Secretary of War and the state and local authorities, sent agents into two states to put into effect the May Act, to repress prostitution in the vicinity of Army camps. The National

Sheriffs' Association and the International Association of Chiefs of Police adopted resolutions condemning the toleration of prostitution in the United States. In 1942 and again in December, 1945, the American Medical Association went on record with the following statement: "Medical inspection of prostitutes is untrustworthy, inefficient, gives a false sense of security and fails to prevent the spread of infection. . . ." The Army and Navy expanded their program for venereal disease control, particularly in the fields of education, case-finding, prevention, treatment, and reporting of alleged sources of infection to civilian health authorities to supplement the work of the Federal agencies. Special hospitals or units in general hospitals for the rapid treatment of venereal disease patients were established by the United States Public Health Service in the majority of states under the emergency provisions of the Lanham Act, which permitted use of Federal funds for community facilities necessary to the prosecution of the war. The American Social Hygiene Association, national voluntary health agency in this field, enlarged its staff and increased and expanded its educational activities and field studies of conditions in the country. The Association intensified its work for community education and citizen organization in support of good venereal disease control and social protection programs. The coöperation of associations representing the owners and operators of taverns, hotels, tourist camps, and amusement places was also received in this fight.

The coöordinated nation-wide attack on vice and venereal diseases has helped to produce some excellent results. Police departments, with the backing of public opinion and the coöperation of the Army, Navy, Federal Security Agency, American Social Hygiene Association, and health authorities, during the wartime period, were able to stamp out commercialized prostitution. "Red light" districts and houses of prostitution were abolished in more than seven hundred communities. The lowest wartime venereal disease rate in the history of the armed services was achieved. Dr. Thomas Parran, Surgeon General of the United States Public Health Service, said that "this country came through World War II without experiencing the sharp increases of venereal disease infection among civilians and military personnel which have characterized our previous wars. A major factor in this achievement was the completeness of the national wartime control program."

Now there is evidence that racketeers and former vice interests

confidently plan to reopen their houses of prostitution. Most communities are determined, however, to prevent such action. In some communities the decision between a clean town and an open town hangs in the balance. Commercialized prostitution has again become easily accessible in fifty of 181 cities in which conditions were good during the war years, according to recent surveys. The postwar planning report of the International Association of Chiefs of Police states in part:

There is every reason to believe that the racketeers and gangsters who controlled the prostitution racket before the war are also making postwar plans to renew their activities. We must resist this movement with every resource at our command and enlist the support of our decent citizens in the fight to keep this racket from again spreading over the country and carrying with it disease and corruption. Police chiefs who take a firm stand on this subject will retain their self-respect and win the gratitude of the mothers and fathers of the nation.

Our country is disturbed by many indications of an increase in juvenile delinquency. The "victory girl," the juvenile delinquent, the promiscuous girl of today, faced with unemployment or other difficult situations in the future, may easily turn into a postwar prostitute. Although we have witnessed great advances in the medical treatment of the venereal diseases, they are not yet conquered. The increase in venereal disease infections, which all competent authorities predicted, is already materializing. The armed forces report a rise in the number of infections since the end of the war. "We think we have problems now in venereal disease," says Medical Director J. R. Heller, Jr., chief of the Venereal Disease Division, United States Public Health Service, "but we have not seen anything to compare with the problems we will have in the immediate postwar period."

This means that America faces a critical period. Psychological, emotional, and economic problems arising from demobilization, the shift to a peacetime industrial basis, and the readjustment of former military and naval personnel to civilian life are creating an even greater need in the postwar period. Effective national and local effort will be required to check increasing prostitution, sex delinquency, and venereal disease. The weapons of law enforcement, social services, and medical treatment must be used vigorously but wisely. John H. Stokes, M.D., Director of the Institute for the Control of Syphilis, University of Pennsylvania, says: "Every community needs a new awaken-

ing of its moral and civil consciousness, new help and greater help in coördinating and developing its control activities, city-wide, state-wide, and nation-wide assumption of responsibility for the social protection of its young people in civilian life and its fighting personnel in the armed forces."

Adequate laws and state boards of health regulations are the legal instruments which enable the health authorities to deal effectively with syphilis and gonorrhea as public health problems. State health laws for venereal disease control, including provisions for premarital and prenatal examinations, should be amended or enacted where needed. Municipal ordinances, supporting state health legislation, can provide, also, for the examination, treatment, quarantine, and finding of venereal disease cases. The success of police action depends upon public support and coöperation from the courts. The courts, however, cannot function effectually without adequate legislation. State laws and municipal ordinances against prostitution and allied activities should be introduced, amended, or renewed where needed. Injunction and abatement laws, both civil and criminal legislation, under which houses of prostitution may be closed and offenders penalized, should be strengthened, or enacted in those states where needed and enforced. Preventive legislation, such as laws specifying wages, hours and types of employment for girls under eighteen years of age, and licensing laws prohibiting sale of liquor to minors and drunken persons, along with local ordinances for the regulation and inspection of dance halls, hotels, taverns, rooming-houses, tourist camps, and amusement places are needed. Ordinances for the repression of prostitution should be enacted by municipalities. These laws and ordinances are additional weapons needed for law enforcement officials if they are to do a good social protection job. "Police officers want facts," Paul V. McNutt, High Commissioner of the Philippine Islands, has said; "when they have the facts and a really effective grasp of the law and the police methods for dealing with the problem, you'll find no more coöperative group of officials in any profession." It is important to note that funds for the work of the Social Protection Division of the Federal Security Agency will run out on June 30, 1946. Unless Congress enacts Senate Bill 1779 or its companion House of Representatives Bill 5234, providing for its continuance, the Federal social protection program will end on that day.

Health departments have, under the statute for the protection of

the public health, both the power and the responsibility for bringing under medical treatment all persons known or reasonably suspected of having an infectious venereal disease. Health officials can inform the police of places responsible for the spread of syphilis and gonorrhea and request investigation of such establishments. The health departments should report to the courts the existence and condition of known infection in order to assist the courts in making the proper disposition of the offenders. Law enforcement officers should not arrest, keep in custody, or detain women or girls merely because they suspect such persons of having a venereal disease. It is no crime under law to be infected or suspected of being infected with a communicable disease. Law enforcement officers should not be employed to locate contacts of venereal disease cases by the health departments. Only after the health authorities have exhausted their resources for locating or interviewing those who are suspected of having a venereal disease, should they furnish the police with health warrants or quarantine orders for the detention of such persons for examination. The discovery that a person who has been arrested is not infected, does not justify dropping the charge. The issue as to whether venereal disease is present or absent is not legal evidence to be considered in the determination of innocence or guilt of the defendant by the court. Offenders against prostitution or promiscuity laws should be given the kind of sentence, probation, or casework service which will be most helpful in keeping them from returning to the activity which brought them to the attention of the police. The courts can aid in reducing prostitution by meting out to all persons who exploit women in prostitution or promiscuity, penalties sufficiently severe to discourage their continuance in this kind of business. Many communities have ordinances punishing prostitution activities. Unfortunately, cases of this type in municipal courts are often disposed of by the imposition of a small fine or suspended sentence. Experience indicates that the system of small fines is useless as a means of repressing prostitution. If a person who is infected is sentenced to a penal institution, provision should be made for medical treatment there. If probation is granted, faithful attention to medical treatment can be made one of the provisions of probation. Younger persons should be separated from older and confirmed offenders; and persons with communicable diseases should be separated from well persons. The functions of law enforcement agencies in the apprehension and de-

tention of people connected with prostitution, sexual promiscuity, and related violations of laws will only be effective to that degree to which the law is adequate; to the extent to which workable and sound relationships are established with the health, social protection, and welfare agencies of the community; and to the kind of support given by the public.

In brief, five major principles must underlay this program if we are to achieve success:

1. Prostitution, sexual delinquency, and venereal disease affect the lives of our people and the well-being of our communities.
2. Good laws and public support for their enforcement provide a foundation on which a sound program can be built.
3. Adequate medical and social services and facilities are essential in this fight.
4. The community, schools, churches, civic organizations, medical and allied professions, and social protection and welfare agencies have a definite responsibility in the program for the prevention and control of venereal disease and the repression of prostitution.
5. Effective education of our youth for life in a modern world and a renewed emphasis on the social responsibility of all citizens are essential if there is to be an improvement of community life.

Dr. William F. Snow, chairman of the Executive Committee, American Social Hygiene Association, says:

Along with victory in war, tremendous gains have been made in the control of venereal disease and the prevention and repression of prostitution and related activities. Millions of young men have been kept disease-free to fight for the freedom of our country. Now, as they return, they have the right to demand the kind of communities in which they and their families can live decently. It is our responsibility to do all that is humanly within our power to assure those conditions permanently in communities throughout America.

PRIVATE LIVING ARRANGEMENTS FOR ELDERLY PEOPLE

I: By Edna Nicholson

NOT MANY SUBJECTS have been more widely discussed in recent times—and less satisfactorily settled—than the use of nursing and boarding homes for the care of invalids and elderly people. This is particularly true of questions concerning the quality of care provided; possible ways of improving it; and the part which homes of this type should play in the community's total plan for care of people who are no longer able to live independently.

There are all shades and varieties of opinion on the use of homes of this kind. Some persons believe that the number and the use of such homes should be greatly increased; others think that they should be completely eliminated. Some think the way to improve the quality of care is by rigid enforcement of strict licensing laws; others point out that communities which have tried to pass and enforce such laws find the process full of practical difficulties and the ultimate welfare of the patients little improved.

One thing is certain, however. The number of homes of this type is rapidly increasing, and the number of people receiving care in them is large. Well over half of all the care which is available for invalids outside their own homes is provided in homes of this type. There is quite general agreement that, regardless of what their ultimate status should be in an ideal community plan, they are an essential and large part of the facilities now actually serving these patients. For practical purposes, therefore, the question is one of determining when and how they can be used most effectively.

There are a number of general considerations which should be kept in mind in determining whether or not a nursing or boarding home is the best answer to the needs of any individual patient; and, if so, in determining which of the available homes should be chosen:

1. *The importance of "home" to every human being should be recognized.*—We must appreciate all that this implies in terms of

personal recognition, physical and emotional security, and freedom to express one's own characteristics as an individual. We must remember that the person who, through illness and disability, loses a large part of his physical independence does not thereby lose also his individuality, his need for emotional satisfaction, or any of the other qualities which distinguished him as a human being before disability struck. On the contrary, as physical limitations narrow our range of activities, and our opportunities for stimulation and satisfaction outside the home, our dependence upon the home increases and the importance of its ability to meet our mental and emotional needs looms larger than ever. No one knows just how many of the personality difficulties so common among invalids and elderly people are traceable to living arrangements in which they are deprived of normal emotional outlets. There is no question, however, but that the number is large and tragic.

2. *Human beings continue to show great individual variations even though they may have become old, or sick, or mentally confused.*—Perhaps it is a reflection of the constant pressure of needs which exceed our ability to meet them, which tempts us so often to seek a panacea. Unfortunately, however, there is no such one ideal solution to these problems. There is no such thing, for instance, as an ideal nursing home or an ideal boarding home which can be measured in specific standards, such as the number of patients per nurse, or the quality of the meals served, or the space provided, or the educational qualifications of the personnel. The ideal home is one which meets the needs of the people who are living in it. Like people everywhere, those who have been disabled by physical conditions, or have been slowed up mentally, show wide variations in the type and extent of needs which they present.

The needs of these people show tremendous variations. The facilities and services provided by the home must, therefore, show equal variations if they are to fulfill their purpose. Efforts to define in specific terms an ideal home or to formulate in definite, workable terms a list of minimum requirements to be met by all homes, therefore, are doomed to failure if we expect, through the use of them, to be able to create lists of homes which are "approved" and homes which are "not approved." There is no home which is good for everyone, and few, if any, which are not good for anyone. The test in every

instance must be whether or not the home meets the needs of the particular individuals who depend upon it for care.

This does not mean that no lists can be formulated for practical help in evaluating the facilities and services offered by the various homes. Very helpful lists can be compiled. It does mean, however, that so long as we are dealing with human beings, the application of a list of minimum requirements can never take the place of individual consideration in the process of selecting a home for a helpless human being.

3. *The process of choosing a home in which another human being is to live requires constant care to avoid confusing our own personal standards and preferences with those of the patient.*—In dealing with the problems of any human being it is important—but not always easy—to keep our objectives clear. In considering the suitability of a home for a person other than ourselves, we are constantly in danger of labeling one “good” or “bad” because it seems to us attractive or unpleasant, without considering fully whether the person who is to live in it shares our personal requirements and tastes. We may be struck by the beauty of modern furnishings and may classify as utterly desolate a place with unshaded light bulbs and golden oak furniture. Yet many elderly people would exactly reverse these opinions. We may think a place which is aseptically clean and shining with neatness far superior to one which is cluttered with odd possessions. Yet the person who must live in these surroundings for all the remaining months or years of his life might regard it as far preferable to live in a clutter of his personal possessions. Similarly, in too many instances, persons responsible for building homes and institutions, or for selecting a home for an individual patient, have been carried away by their own enthusiasm for fresh air and rural surroundings, completely forgetting that the old gentleman who has lived under the roar of elevated trains for seventy years may feel as lost and miserable without them as the rest of us would with them; or that the chance of visiting with his cronies in the neighborhood drugstore, at the movies or ten-cent store, and the security he feels in remaining close to his friends and familiar surroundings, may far outweigh the values he might find in the peace and quiet of rural life.

It must be kept constantly in mind that the home should be chosen to meet the tastes, preferences, and needs of the person who is to

live in it. The age of seventy or eighty is no time to try to change the personal habits and tastes of anyone. We should accede to them whenever possible and not try to reform them or to foist upon the elderly person someone else's idea of adequacy, comfort, or beauty.

4. *The desires of the patient and his emotional needs should have at least equal consideration with his physical requirements.*—Particularly in dealing with the problems of elderly people there are apt to be conflicts between physical requirements and emotional needs. It is one of the bitter tragedies of age and physical infirmity that too often—though the person himself may fight with all his strength against it—no real consideration is given, by those in a position to control his life, to anything but his physical needs. Too often we forget to “do as we would be done by.” In one breath we may say that we ourselves hope that we may not have to “linger” after we have become physically helpless. We announce in definite terms that we do not want physical survival if we have nothing left to make life worth living. Yet with our next breath we may make arrangements for protecting the physical survival of someone else at the expense of all in life he holds dear—all that makes life to him worth living. I do not mean to imply that physical safety is not important. It is. But it is not the only thing that is important, and sometimes its importance may actually be outweighed by the value to a human being of clinging to his friends, familiar surroundings and possessions, as he faces the closing days of his life.

Nowhere can anyone be completely free from physical danger unless he leads so utterly sterile an existence that life holds little value. So long as any of us remain in control of our own activities we prefer to accept some physical hazards in order to attain other satisfactions. This is a consistent human reaction. Yet over and over again, when an individual loses his physical independence, and the responsibility for controlling his living arrangements and activities has to be yielded to someone else, this privilege is taken away from him. In our anxiety lest physical harm befall him we may almost forcibly tear him loose from all that seems to him important, and force him to live out the last weeks, months or years of his life in sterile emptiness, frustration, and miserable unhappiness.

Certainly none of us wants to be in a position where responsibility can be placed on our shoulders if a disastrous fire or other calamity should occur, traceable to inadequate protection in a home where

we have permitted a patient to live. At the same time, I do not think I want to have the responsibility for the empty look which can come into the eyes, and the appearance, and the whole soul, of a human being who has been yanked away from all he holds dearer than life itself, in order that someone else may feel sure that physically he is safe.

We must be very careful, I think, to avoid letting our own anxieties over physical safety blind us to the other equally real needs of the human being we are trying to help. Certainly we cannot ignore the importance of physical safety, nor the extent to which the community may hold us responsible if disaster occurs. Let us also be sure, however, that we are not ignoring other elements of human existence that may be of at least equal importance. Let us be sure that we do not sell the contentment and happiness of the person we are trying to help, in order to buy ourselves peace of mind.

5. *Practical, as well as ideal, considerations are important.*—Certain unpleasant financial realities must be faced if there is to be any hope of assuring adequate care in nursing and boarding homes. Unfortunately, this is a difficult and unhappy process, especially for those who have been responsible for providing financial assistance to needy people and constantly harassed by the problem of inadequate appropriations. Yet if we are to have any hope of improving the quality of care in these homes, the fact must be faced clearly that sufficient funds must be forthcoming to cover the cost of providing good care. Care cannot be provided without money. Nor can one hundred dollars' worth of care be provided for forty dollars a month. It is not possible at the present time to provide the care which a helpless person should have for anything like forty dollars a month. The actual cost of such care in a metropolitan area is at least double that. Too often, however, we have written beautiful standards for the quality of care which nursing or boarding homes were expected to provide, and then have offered to pay forty dollars a month to obtain it. Our standards in far too many instances have been written without ever relating them to what we are able and willing to pay. With one hand we have written the standards. With the other we have determined the amount of assistance that needy people could be given. Not once did we let the right hand know what the left hand doeth. Then when we failed to obtain the quality of care we wished, we turned to licensing laws and similar methods in an effort to force persons

operating homes to provide adequate care. Needless to say, these methods have not usually been successful; nor can we hope to find any methods which will be successful until we can meet our financial responsibilities on a much more realistic basis than we have done in the past. We must learn to correlate our quality standards with realistic cost standards, and face our own responsibilities in this respect as well as use intelligent licensing laws and other methods to assure that operators of homes will also face theirs.

6. *Assuring good care for people in nursing and boarding homes calls for long-term constructive action.*—The task would be infinitely easier if it were only a matter of eliminating bad homes. The task, however, essentially is not one of eliminating the bad, but of creating the good. Until we have created enough good homes, little can be accomplished in attempting to eliminate the bad ones. Hundreds of thousands of helpless people are with us now. They must be sheltered somewhere. We are far from satisfied in most communities with the roof which now shelters them. For the time being, however, we are faced with a grim choice between a poor roof and no roof at all. It is entirely possible, of course, to pass and enforce licensing laws which will close poorer homes. The patients are here, however, and must have care somewhere. If there are no good homes for them, closing the poor ones in which they are now living will only force them into worse ones operating under cover, or take away shelter entirely. It is a tragic situation, but it cannot be improved by refusing to face the hard realities or to accept the long-term nature of the work which is needed. The only hope for solution lies in positive, constructive action toward the development of good new facilities as rapidly as we possibly can. And I should like to emphasize that word "good." The need is so urgent that we are constantly pressed to snatch whatever solution may seem to offer more beds sooner. The need is equally great, however, to think clearly and plan wisely. The people who need these facilities so urgently have waited too long for us to fail them now by superficial thinking or ill-considered action which may only result in further inefficiencies in service or in more of the miserably inadequate poorhouses and other facilities on which too many are now dependent for care.

7. *A final point which should be considered is in the nature of a warning against assuming that all persons who are old or sick should have care in community facilities other than their own homes.*—The

pendulum swings, and no doubt it will always be difficult to maintain a middle-of-the-road balance. In this country, as elsewhere in the world, we went through an early period of assuming that everyone who is not fully able to support and care for himself should be in an institution. We built poorhouses and orphanages and insane asylums and herded everyone into them. Then we discovered the importance of considering the individual; and, in our enthusiasm, we decided that no one should be in an institution. More recently we have been discovering the flaws in that approach, and sometimes there seem now to be signs that we are again swinging toward the other extreme. It would be unfortunate if we did, and if we forgot the many, many people who can and will remain with their families in their homes even though they may have grown old and sick.

It is true that there have been changes in our types of living accommodation and in other factors which have decreased the ability of families to care for their aged or invalid members in the home. The home is far from disintegrating, however, and family bonds are stronger than we sometimes realize. Well over half of all invalids are cared for by their families in their own homes. It is probable that, even if there were plenty of good nursing homes and institutions available, at least half of all patients still would remain in their own homes. The best boarding home, nursing home, or institution is a poor substitute for a home of one's own. Let us make the substitute homes the best possible! But let us also constantly remember to consider fully the possibility of the patient remaining in his own home whenever he and his family wish it. Our efforts to develop more and better facilities in nursing homes, boarding homes, and institutions, therefore, must be supplemented by equally important efforts to develop community services which can help families to meet the problems of caring for their aging and sick members within their own homes whenever they wish to do so.

II: By Lillie H. Nairne

CENSUS AND POPULATION STUDIES point up the aging trend in our population. Medical science, which has made remarkable advances in preventive medicine, has been the primary factor in increasing this life expectancy. The public assistance rolls of all public agencies

reflect this change, for they are a cross section of any community's population. The program of any public welfare department, therefore, should be flexible and broad in scope in order that it can meet the changing and multiple needs of all those persons who seek and have a right to its services.

One of the needs which was evident before the war, and which is becoming more evident, is for proper facilities where elderly persons can board and maintain their independence and self-direction, yet receive those services which they are unable to provide for themselves. These past war years have dramatically demonstrated that people, irrespective of age, seek public assistance only as a last resort. Our files are chronicles of courage and endurance, and we know that the aged, the blind, and the partially ill and handicapped gladly accept work and assume their share of responsibility in community life. The persons continuing to need the services from the agency are the older group, or the sick, physically and mentally. Many of these persons are single individuals, living alone, or couples who have reached that stage in life where they cannot help each other but each needs the companionship of the other. They do not want to go to an institution for they still want freedom in their choice of living and in their limited activities; others are partially active, needing periods of rest, and more limited in their capacity to care for personal needs. A third group are those who need nursing care but are not so ill as to need hospitalization or custodial care.

A recent study of 7,346 persons, made by the Louisiana State Department of Public Welfare, showed that 731 persons were living alone with some assistance in personal care from outsiders; 180 had caretakers in the home; 166 were in boarding homes; and 73 lived in nursing homes. More than 50 percent of these persons were not receiving the care they needed. The majority were over sixty years of age, with a slightly larger number of females than males. All these persons were suffering from the most frequently recurring diseases related to the age of the patients and to medical care received. The largest group were afflicted with cardiac diseases and the diseases of old age and senility. In analyzing the type of care needed, it was believed that 270 of these persons could be cared for in boarding homes, and 812 in nursing homes. With these facts before us, what are some of the essentials needed to develop boarding homes to give service to persons receiving public assistance?

1. There should be delegated by law to the state department of public welfare, authority to license homes used for boarding persons receiving public assistance.

2. There should be a clear definition of the boarding home, stating the difference between it and a nursing home.

3. Realistic and objective standards relating to housing, sanitation, safety, and capacity should be decided upon for a given community.

4. Health safeguards for the matrons and the boarders should be required.

5. Periodic inspections should be made.

Our experience has shown that it is desirable to have an administrative unit within the Public Assistance Division with a special staff to be responsible for services in boarding homes. This makes it possible to control standards more easily, to be more aware of the types of home needed, to direct publicity, and to have some continuity in interpreting to possible matrons the agency's functions, its standards, and the relationship between the matron and the agency, and between the matron, the caseworker, and the client. Homes, at present, are difficult to secure because of the overcrowded conditions of most communities, but homes can be secured by using imaginative and good newspaper publicity; from visitors' contacts with the many sources used in working out the assistance plan with the client; and by discussing possibilities with the client himself. A recent advertisement in the daily papers indicated that persons were interested in offering boarding facilities provided the applicant was not in need of nursing or bed care.

Types of home vary in relation to what our clients can accept and to what they can adjust. It is necessary for them to feel that they are a part of the household, sharing in its activities, and planning in relation to their limited capacities. The location of the homes should be planned so that transportation and recreational and religious facilities are easily available, and the neighbors should be people who would make the boarders feel comfortable and acceptable to the group. The rate of board should be a flat rate agreed upon by community agencies and comparable to the standards of service expected. Because of the restrictions on conditioning of grants in public assistance, plans should be made whereby the boarder pays the matron from his grant for his board and retains for his personal use those funds included in the assistance plan for carfare, recreation, etc.

This factor has a direct relationship to the functioning of the agency, the matron, and the client, for since it is the client who pays for his services and who makes the final selection of a home and decides the duration of his stay, the agency's role is more supervisory and consultative than authoritative. The authoritative responsibility stems from the right of the agency to invoke the licensing authority vested in it by the law. How effectively this authority can be used depends upon the strength of the law, the housing standards of a community, the stability and adequacy of assistance payments, and the working relationship which the agency can develop with the matron and the client. The matron should be fully informed at all times of the agency's function, its program, and its limitations. She should be made to feel that she is a partner with the agency and shares with it some of the responsibility for maintaining standards and for understanding the client, his personality, and his needs. The agency, with its consultant staff of home economists, medical workers, and caseworkers, can give security to the matron by helping her to maintain the physical, health, and food standards and making it possible for her to have more insight as to the expressed or unexpressed needs of her boarders. But the matron must possess a capacity to live with people, to tolerate them, and to recognize them as individual personalities, with a will to live their own lives, even though they may be limited as to physical and economic resources.

The agency caseworker has a difficult role to maintain, for she represents the agency to the client and to the matron. She must maintain proper identification with both, and yet let each function freely within the respective spheres of activity. She must recognize that placement is a service to an individual and therefore she should know how to help the client to participate in the planning, to give expression to his needs, and to make his own decision as to choice of home and acceptance of placement. Because of the deplorable housing conditions in many communities and the physical limitations of many elderly persons, the caseworker might be prone to press too urgently the acceptance of placement in some specific home, or, because of a large case load, she might overlook opportunities for having the client want placement.

Even though Mr. Jackson was seventy-five years old, deaf, and suffering from arthritis, and had been wandering from place to place, when the time came to go to the boarding home selected, he refused,

though he had agreed to accept the plan and had gone through all the medical examinations. But when realistically faced with making the change, he was not ready for it. The agency had only a limited choice of homes to offer, none of which was near his cronies; moreover, the board rate was higher than he was paying in a commercial home, and even though the agency was willing to make the financial adjustment, he saw himself deprived of some of his freedom and the use of his money. In comparison, there is Miss Holmes, who was sixty-seven years old when she came to the boarding home. She had been a "genteel" music teacher and did "light housekeeping." She gradually was forced to give up housekeeping duties, especially during the war when food was difficult to get and rationing required more management. She went from rooming house to rooming house, taking with her the few possessions she owned, especially an old armoire which "reminded her of Mama." Gradually the visitor got Miss Holmes to think about going to one of the agency's boarding homes. She had resisted the idea on many occasions for "she could not think of entering an institution." She was given the names of some of the matrons. They were told about her. Finally, she decided to go to one of the homes. The matron had agreed to let her bring her armoire; the home was near an exclusive residential district; and the matron was most understanding. She let Miss Holmes help her by permitting her to go on errands, pay her bills, and often accompanied her to a moving picture show where she could hear good music.

It is natural to expect in any group of elderly people the physical changes which come with age, their effects upon mental attitudes, and the diseases that are mostly prevalent among the aging group. It is sometimes difficult for the client to realize that the boarding home cannot give him the care he needs when he is faced with illness of a long duration. He is unwilling to be transferred to a nursing home, an institution, or a hospital. Some matrons can meet these situations; however, in most instances, the agency has the responsibility of working out a plan with the client which will satisfy him and will keep the agency's contract with the matron.

Miss Rivers had lived alone in one rented room for many years. Her nearest relative was a niece. She had had little experience in family or group life. Her niece had some concern for knowing that she was comfortable and protected, and asked the agency to place her aunt in a boarding home. Miss Rivers had a difficult time in mak-

ing such a decision which would completely change her mode of living and her environment. Due to the persuasion of her niece, she decided to enter a group boarding home which was the only place available. She had some difficulties in adjusting. The matron, however, understood her difficulties. She was given privacy for both sleeping and eating. Gradually, she became interested in the group, participated in meals, and for two years was a normal, happy person. Then certain behavior developments, symptomatic of senile psychosis, began to occur. Institutional rather than hospital care was recommended, but Miss Rivers refused to consider leaving the home. Her niece, moreover, felt that placement in a public institution was a disgrace, and transferred this thinking to Miss Rivers. Her behavior became progressively worse, and commitment to a mental hospital was necessary. The commitment was requested by her niece, only after much interpretation both from the agency worker, the matron, and the hospital medical worker.

Mrs. Thomas, however, has been in a boarding home for five years. The matron has accepted the responsibility for her care, even though she requires more than a normal boarder. She has made herself loved, she is considered "grandmother" to all, and the other guests, as well as the matron, have developed a possessive and protective attitude toward her and consider that she has a right to stay in the home.

Then we see Mrs. Blanchet, seventy-seven years of age, who has been living in a boarding home for nine months. She suffers from rheumatism, her hands shake, and she cannot comb her hair or attend to her personal needs. The agency is paying the matron for providing these extra services, and a nurse comes to the home twice a week. Mrs. Blanchet is rapidly failing, and the matron has advised the agency that she cannot continue to give Mrs. Blanchet the services and care which she really needs. The agency must help Mrs. Blanchet accept the change and agree to go to another home, better equipped to care for her.

Sometimes the boarding home experience will help the client to make better adjustments with his family group. Mrs. Grant, partially blind from cataracts and glaucoma, had raised her family, had been independent all her life, and had become accustomed to living alone. She was a high-strung, nervous person and had difficulty in accepting her dependency. She expressed the wish that since she could not work she "wanted to improve her mind" and decided to learn the Moon

system of printing for the blind, which she believed would require more mental effort, rather than the Braille, because she thought she would "go crazy." Her children could not give her financial support outside their own homes, but they wanted her with them. Mrs. Grant could not accept this, and they asked the agency if it were possible to find a home for their mother where she could have proper meals, companionship, and some protection. With some qualms, Mrs. Grant went to live in one of the boarding homes. Her family visited her, she learned how to read, and the matron encouraged her to participate in some of the household activities. She gradually began to mix with the boarders and to learn how to live with them, sharing interests, sympathies, gossip, and the little things of everyday living. The matron became ill, and new homes had to be found for the boarders. The caseworker and the matron knew that Mrs. Grant's children continued their interest in her and had encouraged her to visit their homes. When Mrs. Grant knew that she could no longer remain in the boarding home, she voluntarily suggested that she might live with her son and his family, saying, "It is different now, for I am used to living with others."

There is need for many types of home—the conventional boarding home, the rooming house type, and the apartment grouping with the communal dining room. The latter meets the needs of such persons as Mr. Rooney, the river man, who could not live in the big house, but when the garage was fixed into living quarters, he stayed there with his ship's lantern hung and "breezes from four sides"; like Miss French, who came back to New Orleans from Natchitoches because she wanted to return to her place of birth. She was an artist and needed a studio to display her pictures and to work, so this time the large outhouse was converted into living quarters where she had privacy to work but did not have to be concerned with cooking, which interfered with her art.

As seen from these few sketches, leisure time becomes a predominantly important factor for the elderly. Both group work agencies and volunteers have untold opportunities to utilize their skills and imagination in this area. The public agency can do much to help develop plans whereby Mr. Rooney can tell his seafaring stories, Miss Babette can play her piano and sing in a chorus, Miss Susan can display her crochet and dressmaking skills, Mr. O'Reilly can have an outlet for his histrionic skills, and others can play their fiddles

and harmonicas and give imitations of an Irish jig, despite the handicaps of an artificial limb, impaired hearing, or limited eyesight and physical incapacity.

It is evident that the agency must have correlated with its boarding home services, homes for nursing and convalescent care, hospitals, institutions, recreational facilities, and flexibility in budget and program, if the standards of service in such homes are to be maintained. This implies working with community groups, professional and volunteer, and keeping them aware of the many interesting personalities and varied desires for expression which we see in the large group of persons coming to a public agency. The agency must also have the personnel who can be sensitive to the significance of the many changes through which the aged pass, who can recognize the value of reminiscing, who possess patience and a capacity to discipline their tempo to that of the client, and imagination and vision to see how the elderly person can be helped to utilize to the fullest his limited capacities and realize some of his long-desired dreams and wishes. Placement in boarding homes is only one of these services, but a very important one, which every public welfare agency should develop if it is to fulfill its total obligations to its clients.

PUBLIC HOUSING FOR THE AGED

By John P. Dean

THE FEDERAL PUBLIC HOUSING AUTHORITY is now considering revising its policy along the lines of providing special housing for aged couples and for aged individuals. Such facts as the following can no longer be ignored:

1. The proportion of urban tenant families with male head fifty-five years of age or over increased from 13.3 percent in 1930 to 17.5 percent in 1940.

2. One-person "families" increased from 9.2 percent to 12.6 percent between 1930 and 1940.

3. More than 50 percent of the urban males and females sixty-five years of age or more are either single, widowed, or divorced.

4. Aged couples and single persons sixty years of age and over in urban areas in 1944 comprised 26 percent of the \$1,000-\$1,500 income group; 33 percent of the \$500-\$1,000 income group; and 56 percent of those with incomes under \$500 per annum.

5. Most aged persons living alone on a small income must put up with seriously inadequate housing conditions.

These data are quantitative reinforcement to what every social worker knows about the large number of aged whose living arrangements are inadequate.¹ Social agencies are at their wits' end as to where to turn. Thus, with the waiting lists for many homes for the aged so uncomfortably long that no new names are being added, with the difficulty of finding responsible "in-laws" to accommodate the elderly individual or couple without creating a dangerously high-tension situation, and with the increasing realization that many aged persons not only can manage on their own, but even show what one study has called "a strong preference which amounts to a determination to live alone," it is not surprising that public housing is called upon to share responsibility for this growing problem.

In the past, public housing in the United States has accommodated

¹ Of more than nineteen hundred cases brought to the Bureau for the Aged of the Welfare Council of New York, appropriate living arrangements were a problem in 88 percent of the cases. H. H. Brunot, *Old Age in New York City* (New York: Welfare Council, 1943), p. 109.

aged couples in some degree,² but the main emphasis in slum clearance has centered on rehousing those low-income families with children that might be permanently damaged by the unsafe and insanitary slum dwellings and by the discouraging social environment. As aged persons increasingly form a larger share of the ranks of the really low-income families unable to afford decent accommodations, public housing will undoubtedly provide in greater quantity for aged couples, since presumably, with a few minor changes, the usual one-bedroom unit with bath would suffice. But, to date, federally financed public housing has not served unattached aged individuals. The United States Housing Act says that we are to house "families," and "families" has been interpreted as not including individuals living alone. But in the Wagner-Ellender-Taft bill the perfecting amendments for the United States Housing Act include a statement construing "families" in such a way as to include "persons," thereby making it possible for the first time for units to be specially constructed for aged persons living alone—if the bill is enacted.

It is not easy to determine the kinds of accommodation that public housing might best build for aged individuals. For example, should aged men living alone be supplied with one or one and one-half rooms equipped with a half-size refrigerator, a two-plate electric cooker, a sink and tray, and an enclosed private toilet, but with merely a single bath (maintained by special janitorial service) sufficing for several units grouped together? Or should accommodations resembling dormitories be provided for these unattached men who, we can presume, will not generally be energetic housekeepers? To determine the most suitable type of accommodation, social agencies and institutions working with elderly people should sift their experience and engage in special exploration and field studies whenever possible. The Federal Public Housing Authority is planning to have its technical staff explore what kinds of appropriate accommodation might be feasible within the allowable costs per room.

If social agencies feel the need to have more public housing constructed especially for the aged, they must work closely with their local housing authorities. Since low-rent public housing projects are constructed, owned, and managed by the local housing authority,

² The British experience in providing public housing for the aged has been more extensive than that of the United States. By August, 1939, some forty-eight thousand dwellings for aged people had been provided by local authorities. Postwar housing plans in Great Britain generally include special provision of units for the aged.

with the Federal Government playing the part of financial and technical adviser and watchdog to insure that public funds are not misused, all facts supporting the need for, and feasibility of, special housing for the aged should be brought to the housing authority's attention. It is now being strongly urged in Washington that the Federal Public Housing Authority encourage local housing authorities to provide for aged couples and aged individuals in accordance with the need in the local community. Because a high proportion of the aged persons eligible for tenancy would receive their major income from public assistance, local welfare agencies must be prepared to enter into a contractual agreement with the local housing authority, stating that they will provide ample budgetary allowances for rent so that, with the addition of the Federal subsidy, it will be possible for the projects to make ends meet.

Public housing may face special problems if the aged are admitted in large numbers. A surprising number of them, of course, are able to manage for themselves. But because physical infirmity becomes an increasing problem for the aged as they gain their way into the later age groups, an increasing proportion will require special care as they age. How far should public housing go in providing housing accommodations for families who need special care? Recommendations for a policy on this delicate question are being considered along the following lines:

1. Local housing authorities should not provide accommodations for aged persons who need to be institutionalized in hospitals, in nursing homes, in convalescent homes, or in other homes supplying special services for the aged.

2. Local housing authorities should not place themselves in the position of providing shelter accommodations for aged persons who may need special care from community agencies unless it is assured that these agencies will actually provide such services.

3. Social agencies should help to plan shelter accommodations for the aged because (a) they are familiar with the needs of the aged; and (b) they will be in a position to make a commitment to provide needed services.

4. The personnel of projects housing the aged should be sufficiently aware of the needs of the aged so that appropriate referrals can be made to community agencies when residents need additional care. This arrangement would help to ease fears often found among elderly

people that accident, illness, or death may occur while they are living alone without anyone to call upon.

5. Local housing authorities should have a tenant-selection policy for the aged which would exclude from admission to projects the housebound, the bedridden, the senile, those with serious recurring maladies, and those unable to perform daily housekeeping tasks including shopping for food and preparing it.

6. Local housing authorities should, however, permit aged persons who, once admitted, become infirm and in need of special care to remain as long as the care provided by the community agencies makes it possible for them to manage. Thus a housebound or ailing elderly person could stay on if adequate housekeeping services and home nursing services were available, at least until such time as he could not safely or happily remain and needed removal to accommodations with more inclusive or specialized services.

7. Local housing authorities should try to avoid many of the physical hazards elderly people face in living alone by designing dwelling units adapted to their special needs. Accommodations for the aged should be available from the ground floor or from an elevator where ever possible, but if stairs are necessary, there should be not more than one flight. Wherever possible, electric stoves should be provided in order to avoid accidents with gas. Stepping in and out of bath tubs should be made safer by more grips and handrails. Level door sills would help to avoid stumbles. Cabinets should not be placed in high or hard-to-reach positions, and a minimum of them should require bending over to be reached. Public housing units for the aged probably should include substantially more built-in furniture than is customarily provided in other units.

8. Local housing authorities should, so far as possible, try to rehouse aged persons in or near their old neighborhoods since neighborhood ties of long standing should not be lightly fractured, especially for the aged to whom they mean so much.

9. Local housing authorities should not segregate dwellings for the aged by placing them in separate projects, but very probably some units should be grouped into separate buildings or separate stairhalls so that those aged who so desire may have somewhat greater quiet and privacy, freedom from children constantly underfoot, and easy social contacts with others of similar age and interests. By this grouping of

the aged,³ the falling off of social participation so characteristic of old age can be retarded, while at the same time the independence so cherished by many aged can be maintained.

Rehousing the aged is not merely a matter of providing shelter. The difficulties faced in American culture in the uneasy transition into old age imply that perhaps through a coöperative effort of rehousing we can hold off the sagging of morale, the encroaching feelings of being unwanted, and the progressive "withdrawing into a sulky retreat from life."⁴ Here is an opportunity for stimulating the aged to wider participation in community living, wider use of needed social facilities, and wider leisure-time satisfactions. How far public housing can go along the line of providing a semiprotective environment in which the physical and psychological hazards of old age are eased depends heavily upon the degree of coöperation social service agencies are willing to give. It must be remembered that the subsidy administered by the Federal Public Housing Authority is a housing subsidy and should not properly be used for social services. But if mutual planning is undertaken by the local housing authority and the social agencies, there may be many opportunities in which the local housing authority can supply space for services needed by the aged, while the actual services would be supplied by the coöperating social service organization.

For example, to provide more convenient care for the numerous minor and major physical complaints afflicting old people, a local housing authority might, as a result of mutual planning with social agencies, provide space in a housing project for a health clinic specializing in geriatrics if the local public health service would staff it.⁵ Or to ease the burdens of constant food preparation for the not-too-active aged, space for a small cafeteria might be worked out through mutual planning, if there were assurance that specialized personnel could be found to run it and that it would be self-supporting.

To alleviate the sharp decrease of social participation many elderly people experience through giving up their occupational ties, the loss

³ This arrangement has been tried with success at Red Hook and Fort Greene Houses in New York City.

⁴ L. K. Frank, "The Changing Social Scene," in George Lawton (ed.), *New Goals for Old Age* (New York: Columbia University Press, 1943), p. 47.

⁵ Of 948 old age recipients in New York City investigated in 1934, over half were not really well but were up and able to get to a clinic.

of spouses, the wearing thin of family bonds, the breaking of ties with old friends, and the cutting down of organizational contacts because of the difficulty of getting around, a special effort should be made to stimulate the recreational opportunities for the aged in public housing. Some experiments with recreational centers for the aged have been unusually successful and have enabled the elderly participants to fill the heavy time on their hands, to invigorate their social life, and to maintain their feelings of participation in the community.⁶ In most instances, recreational space and facilities could be provided by the local housing authorities, but the special leadership needed to make an active recreational program for the aged thrive would have to be the contribution of social agencies interested in such a program.

Still again, it might be possible through mutual planning to construct some special experimental units for aged individuals along the lines, say, of a private bedroom for each tenant but shared bathing equipment, shared living rooms, and perhaps other shared facilities,⁷ if a local social agency guaranteed full coöperation and assistance from the start. Or, in another situation, if the local public assistance bureau were contemplating, say, a nursing home for the aged, such a home could be planned along with housing units for the aged to be built by the local housing authority so as to form an integrated group. Thus an aged person living in the regular housing units would be transferred to the nursing home if he became too feeble to manage by himself, while, on the other hand, a resident in the nursing unit who convalesced sufficiently to manage by himself would be transferred to the regular units.⁸

It is not beyond the bounds of reason that coöperative planning could supply a complete set of facilities for the aged, ranging from units for those who are completely well all the way to accommodations for the completely bedridden, with the local housing authority financing only the regular housing units. A recreational center and

⁶ Two successful experiments in New York City have been the Department of Welfare's Hodson Memorial Center (see *Better Times*, May 10, 1946, p. 9) and the National Council of Jewish Women's Council Club for Older People, as well as the recreational programs for the aged carried on by many settlement houses. It has even been observed that the health clinics in the locality of Hodson Center have felt a lightening of their load of aged clients.

⁷ This arrangement has worked successfully at the Community Service Society's Tompkins Square House in New York City.

⁸ New York's Home for Aged and Infirm Hebrews operates several apartment houses, for those able to get about, as a branch of its central home, which is maintained for those more seriously incapacitated.

a health clinic, perhaps even a cafeteria, might all be integrated in the group. Although such a scheme conceivably might be worked out under present operating procedures, it would be facilitated by the urban redevelopment provisions of the Wagner-Ellender-Taft bill, which envisions a large-scale rebuilding of slum-clearance areas through integrated planning by public and private agencies. Only when such a forthright approach is undertaken will the inadequate physical and social environment in which most of our low-income aged eke out their last years be replaced by living arrangements genuinely suited to their need.

OUR LEGISLATIVE RESPONSIBILITY FOR THE AGED

By Harold C. Ostertag

NEW YORK STATE HAS COMPLETED the first part of a thoroughgoing revision of its public welfare system, and the task has provided legislators, as well as a large part of the people of our state, with a liberal education in the complexities of the state's welfare program and its administration. It has also provided the opportunity to study some of the existing inconsistencies and inequities prevailing under the present laws; I hope that before our task is completed we shall have corrected at least some of them.

Social workers, who know so well those inconsistencies and inequities, are prone to be somewhat critical of legislators because they do not correct these things faster. Legislators, however, cannot move faster than the public permits them to move. And social workers are not only a part of that public, but a part upon which we depend for informed guidance. Yours is the fundamental task, first to let the public know about the maladjustments, the needs, so that it will support our legislation when it is introduced; and yours is also the fundamental task of exercising the authority given you by legislative mandate so that your works commend themselves to the public, and justify our efforts. Our laws can operate effectively in the sphere of social welfare only to the extent to which social workers make them effective. The spirit and quality of your work now as always is more important than all the legal authority with which we can cloak you. I must reiterate also that legislators are responsible, of course, to the community as a whole, rather than to individual segments of it. We are and must be receptive, therefore, to your recommendations only when they are in the interests of the whole community or when provisions in the interest of a special group are necessary to do away with or to prevent the occurrence of inequities.

This is particularly important in connection with our responsibility to the aged. We are all becoming acutely conscious of this problem. We see that the aged are increasing in our population, that within the lifetime of many of us one person out of every seven in our popula-

tion will be sixty-five years old or older. We see that whereas preventive medicine has added many years to our lives, our economic requirements tend to reduce the productive years of any given life during which men and women can be self-sustaining, effectively contributing members of the population. We see, therefore, that the problem of maintaining and extending the economic and social usefulness of the aged is of paramount importance to us as individuals and to the whole community. We see that if we do not adopt sound measures to meet these problems, then assuredly unsound measures will be adopted. For the number of aged persons is increasing at such a rate that they can become, and at times even now are, an active pressure group whose concern is not with the welfare of the community as a whole, but with their own personal welfare. This is an understandable situation, but it is socially and economically unsound, and social workers and legislators alike have a moral, a fundamental responsibility to find solutions to the problem which shall be in the interests of all the people.

In New York State the care of the aged has been shared by public and private agencies. Private homes for the aged have cared for as many people as have the county homes. Residence in the county homes has continued to bear a stigma which is not attached in the same degree to receipt of old age assistance in the home. With the provision of old age assistance the aged persons who can be independent and take care of themselves have been maintained in their own homes and in boarding homes, while those needing additional supervision and care have been supported in private homes for the aged and in nursing homes. At the present time in New York State more than one hundred thousand men and women sixty-five years of age and over receive old age assistance, including medical care and hospitalization. With the provision of more adequate care for this group outside a public institution, and with the steadily rising number of the aged, the population of the county homes has changed in type. The aged who are chronically ill now form a much larger proportion of the residents than formerly. These people require a specialized type of infirmary care because of physical or mental disabilities. The demand for this care is increasing rapidly, and our public homes are full. Faced with this situation the commissioners of public welfare are in many counties planning modern buildings and equipment suited to the needs of this population. The plans for new county homes or infirmaries,

or additions to those already in existence, illustrate the change in type of care for which the county home is needed. These new homes will not have large dormitories but, instead, will have small single, double, four- or eight-bed rooms and large areas devoted to recreation and occupational therapy. There is among the commissioners of public welfare a heartening awareness of the problem of caring for the aged chronically ill. It is accepted, too, that the public agency, in a large measure, must provide this care if it is to be available for all who need it.

In 1929 when the New York State Public Welfare Law was adopted, it especially emphasized and provided for home relief, that is to say, relief in the recipient's own home rather than in a county home. That law included, as a result of the report of the State Commission on Old Age Security, a new article entitled "Security against Old Age Want." Thus a statewide system of old age relief became an integral part of the public welfare system of the state as of 1930. Therefore, New York State was prepared, when in 1935 the United States enacted the Federal Social Security Act, to take advantage of the Federal funds available under that act, and to extend to the steadily increasing number of old people those financial advantages which accrued to the state. With this experience—as well as that in other categories of assistance—during the depression decade, New York State was prepared for the adoption of a number of amendments having to do with social welfare. But the most important step was the insertion in 1936, in the Constitution of the State, of the statement which reads:

PUBLIC RELIEF AND CARE. *Section 1.* The aid, care and support of the needy are public concerns and shall be provided by the state and by such of its subdivisions and in such manner and by such means as the legislature may from time to time determine.

With this enabling declaration in its basic law, New York State in a far-reaching manner met its legislative responsibility with the implications only beginning to be realized. It not only made possible further legislative action, but charged its lawmakers to take such action as would assure its citizens of an actual "freedom from want."

During the sixteen years of its operation New York State's law has been subjected to a number of amendments, each with the objective of giving greater security to the needy aged individual. These several amendments have reduced the age of eligibility from seventy to sixty-

five; removed the citizenship requirement; reduced the residence requirements to residence in the state at the time of application; allowed the grant to be made to persons residing in private homes for the aged, if that home is the choice of the individual; recognized the social desirability of having support from legally responsible relatives who are both able and willing to undertake that support, thereby removing one of the socially destructive elements of the original program of financial assistance; and made persons eligible for medical care, even though they may otherwise be able to maintain themselves. None of these changes just happened. They came as a result of the changing and increasing needs of the group and as a result of the experience acquired in the administration of the acts on the books, not only in New York State, but throughout the country.

As a further indication of legislative response to meet a demonstrated need, the Joint Legislative Committee on Interstate Coöperation, which works closely with the Council of State Governments on matters which not only affect the relationships of the governments concerned, but the lives of the citizens of the different states, has taken steps which have resulted in a reciprocal agreement with the state of New Jersey. This enables recipients of old age assistance to move freely back and forth without loss of benefits. We believe that this is a humane and socially sound step and we are encouraging other states to follow suit, although these agreements may prove to be unnecessary if Federal legislation should provide for the abolition of settlement or residence as a requirement for eligibility for assistance.

The appointment of the New York State Commission to Study the Care of the Mentally Ill has an important bearing on any adequate plans for the care of the state's aged. Directly pertinent, too, is the revision of the state's public welfare system, which was begun in 1944 by the Joint Legislative Committee on Interstate Coöperation. The task was far from simple, but early in 1946, after two years of sweat, tears, and meditation, it resulted in the enactment of one of the most extensive and comprehensive pieces of public welfare legislation ever to have been introduced in New York State entitled simply, "An Act to Amend the Social Welfare Law." The committee realizes that its work is far from completed. It also recognizes that the amendment is by no means perfect.

Governor Thomas E. Dewey had appointed to the committee, four public welfare administrators, each an expert in a particular phase of

administration, the State Commissioner of Social Welfare, a county commissioner of public welfare, a city commissioner, and a town welfare officer. In addition, nine legislative members were appointed, representative of both major political parties, among whom were men familiar with the needs of upstate communities and of the metropolitan area.

To obtain still wider representation of all points of view, ten advisory members, who have an equal voice with the others in the committee's deliberations, were appointed by the chairman. Five of the advisory members are public welfare officers, while four are city or county welfare commissioners and members of the New York State Association of Public Welfare Officials. The committee is, therefore, a cross section of the whole body of officials interested in the administration of local welfare services.

The committee's first task, of course, was to make a study of the present situation, and this we did through a series of regional conferences held with welfare and public officials in every section of the state. We found that there are 931 local public welfare agencies administering eleven different services. These services include home relief, veterans assistance, medical care, old age assistance, assistance to the blind, aid to dependent children, foster care of children, hospital care, care in public homes, other adult institutional care, and burials. Some public welfare agencies administer only one of these services; the majority administer two or more; a few administer all eleven. Case loads among the agencies vary widely and impressively. Of 890 agencies functioning as of January, 1944, 183 agencies had no cases at all, 560 had from one to twenty-four, and thirty-two agencies had 1,000 or more cases. In nine counties all the programs are administered through the county welfare office. However, in a typical county there are twenty-two separate welfare agencies operating under twenty-one governmental units, administering the eleven types of assistance, and each with variable local, state, and Federal participation in the financial aspect.

This complex administrative system, we found, is not only confusing to a family in need of assistance, but can also work a real hardship on them, as evidenced by the predicament of one woman who applied for help to a city public welfare department.

Mrs. Brown, a widow, had been working in a war industry to support her three minor children and her aged mother who cared for the

children while she worked. Then she had a nervous breakdown and was ordered by the doctor to remain at home for at least six months. Her eldest son, recently discharged from the Army, got a job upon his return home, but was unable to hold it because of limited mental capacity—the same handicap which made him unsuitable material for the Army. Mrs. Brown's mother had no resources, and presently Mrs. Brown's brother arrived in the home. He was suffering from lung trouble, needed medical attention, and was entirely without funds.

The social worker realized that this family was in need of material, medical, and social services. She also recognized that her agency could not give Mrs. Brown what she needed. She had to explain to Mrs. Brown that she would have to apply to the Board of Child Welfare for aid to dependent children for herself and her minor children. Her son would have to file his application at the Bureau of Veterans' Relief. Her mother would have to apply to the old age assistance division of the county welfare department, and her brother's application could only be accepted at the nonsettled division of the county department. If Mrs. Brown needed hospitalization because of her mental condition, the county board of child welfare would refer her back to the city department of public welfare. Thus administering to the needs of one family group required five agencies, five workers, and five investigations, not to mention what was involved in material and human costs.

While our committee was impressed, first of all, with the confusion, if not demoralization, which this situation meant for the needy, we realized, nevertheless, that the administrative pattern had come about through the laudable efforts of communities to deal with their own problem. We were anxious to insure, in framing our proposals, that reorganization should also come about through a fusion of local views and local efforts.

Almost anyone can dream up a plan between breakfast and lunch to streamline social welfare procedures. It is quite a different task, but in our view a more essential one, to devise a plan which will retain the best features of what we have, reorganize what has become unwieldy, discard what is no longer appropriate, and at the same time give constructive strength and encouragement to local self-government. As our work progressed and the problems of yielding a little sovereignty at the local level became increasingly acute, we

agreed with Santayana that to make democracy function successfully, our committee should have been composed in part of "saints and heroes."

We believe and hope that our proposed plan will achieve the integration of the services for the administrator and simplicity for the recipient—and for the elderly recipient, simplicity has especial meaning. Included in it is the abolition of intrastate settlement, making simple residence the basis of welfare costs. To this there are, of course, several necessary exceptions, with the state bearing full responsibility for certain needy groups in localities which might otherwise be burdened because of the location of particular facilities within their territory. To make the program for simplification and integration effective the state legislature, acting upon the report of the Moore Commission, voted to assume 80 percent of the cost of home relief, aid to dependent children, old age assistance, and assistance to the blind, thereby putting the financial planning for welfare services, both on a state and local level, on a sound basis.

Even with these fundamental changes, and, we believe, improvements, we are well aware that there still remain many difficulties and complexities. The burden of meeting these legislative responsibilities is very heavy, but it is immeasurably lightened if each of us—social workers, other civic groups, individual citizens, and legislators—shares it, not always equally, but with understanding of all that is entailed. In spite of the widely publicized public hearings, and the opportunities offered for discussing the proposals contained in the bill, which was finally enacted, many groups and individual citizens complained at the last moment that they did not know of them, and often because they did not know, they criticized loudly and inaccurately. The legislature counts on social workers, as a group, to keep legislators informed and to pass along to the public the reasons for proposals which are being considered. If our hopes for the program are realized, it may be that, later, the positive results of our newly enacted program will be interpreted to the general public through recipients who have benefited from them.

Of particular interest is the provision for the continuance of the committee, which provides for subcommittees to conduct studies of adult institutional care and of hospitalization, as well as of the foster care of children. In spite of the financial security for our aged citizens, which is now provided through old age assistance and old

age and survivors insurance, the increasing number of older people is precipitating definite health needs as well as the need of a new approach to the consideration of the facilities which will be required to meet these needs. On the basis of factual data and well-substantiated trends, it is necessary to determine, not only what the place of public and private institutions, nursing homes, boarding homes is, but what it should be in the light of anticipated demands. We must determine what other related services are essential to a flexible and interchangeable program of care which will provide within practical limits the best plan which can reconcile effectively for elderly people what they want and what they need. That this will require careful examination into existing services and facilities and their present use in order to make sound recommendations either for maintaining, eliminating, revising, and/or supplementing them, is obvious. With the Commission on the Care of the Mentally Ill in its 1944 report specifically recommending "as a principal step to reduce the load in State Hospitals, a study looking forward to the establishment by the state, counties, and municipalities of an integrated program for the care of the indigent aged, including those with mental deterioration due to age," with the Health Preparedness Commission studying the needs of the chronically ill, and with our Subcommittee on Adult Institutional Care devoting itself to the intensive study of the institutional care required primarily for the aged and infirm of the state, we are hopeful that a well-integrated plan of care for those aged who cannot have the advantages of friendly care in their own homes, may have before too long legislative and actual provisions for giving that kind of care adequately outside their homes.

I would not for a moment give the impression that we are so introspective that we look upon our legislative responsibilities as being limited by state boundaries. The Joint Legislative Committee on Interstate Coöperation has for a period of years sponsored regional conferences at which have been discussed the knotty questions that make the administration of welfare programs difficult and oftentimes impose upon the recipient needless limitations of his normal activities. Many of the principles that are at present incorporated in the Forand bill, now before Congress, have been the subject of discussion and of endorsement by those conferences and our committee. These include a unified program of grants to the states for assistance to the needy; the abolition of settlement or residence as a basis of eligibility for

assistance; the granting of aid for all categories of assistance, or on a general basis; the desirability of a single comprehensive administrative agency; cash assistance to adults in public institutions if those institutions meet certain standards of quality of equipment, personnel, and care rendered; and direct payments for medical care. Should these provisions become part of the Federal act, many states, because of the work carried on through the Committee on Interstate Coöperation, will be prepared to participate in them at an earlier date than might otherwise have been possible.

In this whole system of public welfare and of government concern for the welfare of its citizens, I am inclined to liken legislators to those who turn on the current, after you, the state and local administrators, determine the kind and amount of current needed and give us the signal, while you in the field decide where and how the light may shed its rays to have most meaning in the lives of those who need it. None of us can function alone in this task of "meeting our legislative responsibility for the aged"; it is one which is carried out only with full and complete coöperation. It is my hope that in the world of tomorrow our older citizens, through the various measures being devised for their well-being, will hold places worthy of their capabilities and experience. I venture to prophesy that with the devoted help and united effort of each and every one of us we may develop for our own localities, our states, and the National Government a community attitude which will make it possible for us to say of the United States what Lloyd George just before his death said of Great Britain: "The crucial test of our national quality is how we treat our old people."

RESOURCES FOR CARE OF THE CHRONICALLY ILL

I: NATURE AND NEED

By Odin W. Anderson

AS MEDICAL SCIENCE CONQUERED acute diseases there resulted a much greater survival rate. It was then natural enough that chronic illnesses increased; for as more people moved into the higher age brackets, and more people in all age groups survived acute illnesses, they were likely to become victims of the chronic diseases.

As one surveys the social and medical literature on the problem of the chronically ill, one is struck by the frequent use of the terms "we assume," "we might," "we wish," suggesting the vastness of our ignorance and the frustration we feel in the face of this ignorance when action is desired. And we are being asked to take action, or, more accurately, we are being forced by the size of the problem to take action regardless of our meager knowledge of means to meet the problem because the results of the application of medical research in acute illness are accumulating so rapidly.

The specialties in the medical and social sciences have become quite clearly delineated, giving us a picture of segmented and unintegrated activity, each pursuing its own narrowly defined fields of activity: private medical practice and curative medicine; public health and preventive medicine; social work and voluntary agencies; social work and public agencies; social insurance; public assistance; and all the other numerous activities working apart or at cross purposes. Now there emerges a problem—the care of the chronically ill—which forces the integration and coöperation of these fields if it is to be met at all. At last the patient becomes a personality and not just a heart case, or a pension case, or an indigent. The nature of the problem is such that an organic approach is necessary, one that social workers know very well—the consideration of the patient's total situation, his finances, his job, his home, his disease, and his future. The patient is a part of a family, and the family is part of a community, and in the

community the existing facilities must be coördinated in order to make action even partially effective. This is a challenge to, and a test of, our specialized outlooks and our specialized functions.

For how long a time will our specialties remain ahead of the community's ability to coördinate them? This problem is undoubtedly basic in attacking the problem of chronic illness. Once that is fully recognized, the foundation of our ignorance will begin to be replaced by the foundation of knowledge.

Society has accepted, at least nominally, responsibility for certain types of acute illness and for a few categories of disease, such as tuberculosis, mental hygiene, and venereal diseases. Public clinics and hospitals have been established in the larger cities for the indigent. Only when chronic diseases, such as tuberculosis and certain types of insanity, became a menace to the general public, were provisions made to care for people suffering from them. The great majority of the chronically ill are not a physical menace to other members of society. Their sufferings do not attract much attention. Their increasing disability and indigence are gradual and unspectacular.

Since the chronic sick can contribute little to the cost of their care it is increasingly difficult for voluntary agencies to assume financial responsibility for them. Hence, public funds are sought. When only the economic aspect is considered, the well-known term in medical economics, "catastrophic illness," although not usually applied to chronic illnesses, has, perhaps, greater relevance here than in short-term but expensive acute illnesses. Chronic illnesses are both long-term and expensive and also, in the case of a wage-earner, involve wage loss because of enforced absence from work.

A quotation from a well-known authority on chronic illness gives us some idea of the present chaotic conditions:

The existing facilities for the care of the chronic sick present a very confused picture—patients at home who should be in hospitals, patients in homes for the aged that are not prepared to minister to their wants, patients in convalescent homes occupying beds needed for another purpose, a mad confusion of patients and institutions—the patients scrambling to find refuge wherever they may, the institutions admitting them grudgingly, and having admitted them not providing the care that they need. It is a scene of great disorder. Public and private hospitals, homes for the aged convalescent homes, nursing and visiting doctor services, aftercare agencies, agencies for sheltered work, medical social service departments, family service agencies—everyone of them accepts with reluctance the burden of

the chronic sick, and tries to shift responsibility to another agency which is no better prepared for the task.¹

To bring order out of chaos it seems necessary to develop a logistics of the care of the chronically ill somewhat analogous to the feeding and movement of an army.

After this cursory survey of the broad aspects of the problem, let us approach a little closer in order to delineate some of the outstanding patterns. The tendency seems to be to view the entire problem of the chronically ill without attempting to break it into logical parts. Until this is done, we shall be unable to set up a system of priorities in the order of attack.

What is chronic illness? Prevailing definitions are arbitrary and give undue consideration to disease conditions rather than to what a condition does to the afflicted person in terms of his income, his family, and his personality. To define chronic illness as any illness which will last for three months or for six months, or for any arbitrary time unit, is inflexible and does not lend itself to effective administration because of the great variability found in chronic cases.

An administrative and functional definition is suggested in a recent article in the *American Journal of Public Health*: "A disease that may be expected to require an extended period of medical supervision and/or hospital, institutional, nursing or supervisory care."² The author explains that while this definition is useless in obtaining data on the incidence of chronic diseases, it embraces the problem in terms of services needed, our particular concern at the moment. Furthermore, this definition makes meaningless the differentiation between so-called "acute" and so-called "chronic" illnesses, differentiations which may be medically feasible and useful but are administratively unfeasible and useless. They shade into each other; a chronic condition may become acute, and an acute condition may become chronic.

Let me correct two prevailing misconceptions. It is commonly supposed that chronic illness is peculiar to the upper age group. It is true that the incidence is higher in this group, but the incidence in younger age groups is great enough to constitute a problem which must be taken into account in planning. Also, it is commonly sup-

¹ Ernst P. Boas, *The Unseen Plague: Chronic Disease* (New York: Augustin, 1940), p. 75.

² Edward S. Rogers, "Chronic Disease; a Problem That Must Be Faced," *American Journal of Public Health*, XXXVI (April, 1946), 345.

posed that chronic illness is necessarily an incurable condition. This is probably the layman's conception. Dr. Boas has vigorously declared that this conception is unscientific and unhumanitarian. He thinks that the common practice of labeling institutions "homes for the incurable" lead to apathetic care and to an apathetic outlook on the part of the patients in many instances where cure is possible. Furthermore, what may have been incurable yesterday may not be incurable today; and what is incurable today may not be incurable tomorrow.

According to a survey of chronic illness in Illinois the estimated percent of chronic invalids by ten-year age groups is as follows: all age groups, 1.14 percent, or slightly over 11 per 1,000; under five, .17 percent, or almost 2 per 1,000; from five to fourteen, .26 percent or more than 2.5 per 1,000, gradually increasing through each age group to 4.81 percent for those between sixty-five and seventy-four and 7.2 percent, or 72 per 1,000 for those seventy-five years of age and over.³

The estimated percentage of people in Illinois afflicted with chronic disease or permanent impairment are: In all ages, 18.8 percent, or 188 per 1,000, are afflicted with some form of chronic disease or impairment. Of those five years of age and under, 3 percent have some chronic disease or impairment; in the age group from five to fourteen, 7 percent; from fifteen to twenty-four, 8 percent; and so on up to the age group from sixty-five to seventy-four, 47 percent, and those seventy-five and over, 51 percent.⁴

In the state of Connecticut it was found that 75 percent of the recipients of old age assistance suffered from chronic diseases. In order of magnitude were heart diseases, arthritis or rheumatism, diseases of the eye and ear, paralysis, and hernias. Eight percent were bedridden or in a wheel chair.⁵

A survey in the state of Washington revealed that 2.5 percent of the recipients of old age assistance were receiving care in infirmaries and nursing homes monthly, and another 2.5 percent were receiving care in hospitals. Undoubtedly, a large proportion of those in hospitals could be classified as chronic patients.

³ Committee to Investigate Chronic Diseases among Indigents, *Interim Report to the Sixty-fourth General Assembly*. Springfield, Ill., June 7, 1945 (Springfield, Ill.: the Committee, 1945), p. 8.

⁴ *Ibid.*, p. 4.

⁵ Public Welfare Council, *Need for a State Infirmary for the Care and Treatment of Aged, Infirm, and Chronically Ill Persons; a Report to the 1945 Connecticut General Assembly* (Hartford: the Council, 1944), p. 26.

The most common of the diseases causing chronic illness are heart diseases, diseases of the nervous system, rheumatism, orthopedic diseases, cancer, and diabetes. Tuberculosis and mental diseases, which are also forms of chronic disease, are usually not included in the discussion of programs for chronic illness, because organized care for these diseases has advanced much farther than that for other chronic conditions. They should, of course, be considered in over-all planning.

The most frequent chronic diseases of children and young people are heart, neurological, and orthopedic diseases, which do not in most instances require continuous institutional care. The responsibility for them has so far been assumed mainly by voluntary agencies, although inadequately. These data and general information can be used only as rough approximations to determine the need for certain types of facility and resource. Greater specificity awaits further refinement as programs are established on a trial-and-error basis.

The following quotation from Mary C. Jarrett states the problem of the classification of facilities and resources for the chronically ill and the classification of the patients themselves:

It is of importance both to the patient and to the community that the type of care given to a chronically ill patient should be the type that his condition requires. He may need different forms of care in the course of his disease. Many patients, after a period of medical care, arrive at a condition in which they require only custodial care; the disease is arrested but the disability has become permanent. On the other hand, custodial patients may at times need medical care. If the care given to chronic patients is of a more skilled type than is necessary at the time, that is, in a hospital rather than in a custodial institution, or by a visiting nurse instead of an attendant, obviously there is an economic loss to the community. There is, also, a loss to the patients if they remain in hospitals when a custodial institution would be better suited to their needs for recreation and occupation.⁶

Perhaps we can break the problem down into more specific component parts. An administrative classification of patients suffering from chronic illness which seems to have general acceptance has been suggested by Dr. Boas:⁷

Class A: Patients requiring medical care for diagnosis and treatment

Class B: Patients requiring chiefly skilled nursing care

Class C: Patients requiring only custodial care

⁶ Mary C. Jarrett, "Care of the Chronically Ill," in *Report of the Hospital Survey for New York* (New York: United Hospital Fund, 1937), II, 644.

⁷ Boas, *op. cit.*, p. 24.

Each type of care may be given either in an institution or at home. Medical care may require hospitalization, but it may also be given at a clinic or by a physician in his private office. Nursing care may be given under medical supervision in an institution or in the patient's home. Custodial care may be provided in an institution, or in the home through an attendant or by a competent member of the family under the supervision of a physician. Under the three classes mentioned, it is supposed that patients can be classified in broad age groups—child, adult, aged—and by type of disease and incapacity.

It must be admitted frankly, and this is part of the problem in planning for resources and facilities, that neat indices of types of bed per 1,000, number of home-visiting nurses per 1,000, and so on, cannot be determined accurately. In one study it was estimated that the chronically ill could be classified into three groups, and if these groupings are accurate, they will assist materially in grappling with the problem. It was estimated that at any one time 30 percent need institutional care, 30 percent need home care, and 40 percent are ambulatory and can utilize clinics and offices of private practitioners. If this is true it is apparent that by sheer volume alone the greatest problem is noninstitutional care.⁸ Furthermore, in another study it was concluded that the provision of housekeeping service reduced admissions to hospitals by 13.5 percent and the average length of hospital stay by 34.9 percent.⁹

The prevailing estimate of the number of hospital beds needed for the general population to care for the chronically ill is 2 per 1,000. The present estimate of the United States Public Health Service of needed general hospital beds for all types of condition, exclusive of tuberculosis and mental diseases and other chronic conditions, is 4.5 per 1,000. It is obvious that the estimated need for beds for the chronically ill will embrace a large share of number of beds suggested by the Public Health Service.

In a nursing service for the chronically ill it was found that 14 percent of the patients were visited at least once a week, and 50 percent of the patients were visited at least once a month.¹⁰

⁸ Mary C. Jarrett, *Care of the Chronically Ill of Cleveland and Cuyahoga County* (Cleveland: Benjamin Rose Institute, 1944), p. 38.

⁹ Marta Fraenkel, *Housekeeping Service for Chronic Patients; an Analysis of a Service for the Chronically Sick and Infirm Aged, Operated by the Works Projects Administration* (New York, Welfare Council of New York City, 1942), pp. 30-31.

¹⁰ Mary C. Jarrett, "Care of the Chronically Ill," p. 681.

Service to the chronically ill is a rich field for medical social workers, both in and out of hospitals and institutions, and awaits their initiative. For example, in hospitals, Miss Jarrett estimates one social worker for every 500 admissions.¹¹

As an over-all approach to the problem of arrangement of facilities certain recommendations have been made by workers close to the problem. On the first level of care:

1. The hospital for chronic diseases, as distinct from a nursing or custodial institution, should be located in a medical center offering all essential diagnostic skills and facilities.

2. The hospital for chronic diseases should be an integral part of a general hospital. There should be complete identity of medical staff and interchange of resident physicians.

3. In general, patients should be kept in the hospital for chronic diseases for relatively short periods of time for the purpose of diagnosis and intensive therapy.

On the second level, outside of chronic disease hospitals, care should be provided in decentralized institutions conducted as nursing homes or infirmaries. These should be closely associated with units operated for custodial care, which includes housekeeping services, and home-visiting physician and nursing service.

If these recommendations appear too far-reaching, perhaps the problem can be attacked by establishing home-visiting nursing service and housekeeping services for a special age group, the aged, coordinated with care in out-patient clinics and private physicians' offices and hospitals. Since present institutional facilities are so meager it seems reasonable to begin with noninstitutional care. Legal responsibility for the administration and development of institutional care for the aged and infirm now rests exclusively upon local governments. Public welfare administrators know painfully well that local governments are usually both unable and unwilling to build adequate facilities without aid from state and Federal appropriations.

There appears to be a strong tendency to approach the problem of chronic illness from the angle of welfare and public assistance. The public assistance aspects are very real, and must be fully recognized. It would be most unrealistic to undertake to develop divided medical and health services for this or any other area of medical need on the basis of whether the patients themselves pay for service, or whether

¹¹ *Ibid.*, p. 686.

someone else pays. As a problem, the medical and health needs of the indigent, the low-income and the well-to-do, the civilian and the veteran, the laborer and the farmer are quantitatively and qualitatively the same; and good planning must take that into account. The problem is one of administrative structure and services, regardless of how the services will be financed.

There is also a tendency to overemphasize the institutional approach to the chronically ill. It should be recognized that a large portion of the care can be rendered outside institutions. Moreover, little attention has been paid to rehabilitation; this is probably due to the common conception of chronic disease as being incurable.

There has been an implicit although unintentional assumption in this article that the programs for the care of the chronically ill are and will be administered by the departments of public welfare. This is the trend. If a single agency is going to administer all medical care programs, as should be the case, are the departments of public welfare willing to undertake the administration of care, both for the chronically ill and for the acutely ill, assuming that differentiation between them is practical? If this question is answered in the negative, the prospects for good administration are jeopardized; if the answer is in the positive, the prospects for good administration are immeasurably increased since we will then have one problem and one agency.

II: MAINTENANCE

By Ellen C. Potter, M.D.

HOW AND IN WHAT SPIRIT shall we plan our attack on the problem of the chronically ill?

Whoever undertakes to meet the needs of the long-term patient must gird himself for a long struggle. He will be buffeted by opposition, or, what is worse, he will be smothered by apathy; and he will often be defeated by vested interests, public and private, which are unwilling to modify law or policy on behalf of what Dr. Ernst P. Boas calls the "unseen plague." The time has come, however, when one may gird himself with optimism.

One hundred years ago the time was ripe for government to accept responsibility for the care of the mentally ill. (To our shame we have

lapsed from that high purpose in our performance in the last decade and are bogged down with our seniles and arteriosclerotics, without psychosis, for whom psychiatric treatment is not indicated, and they are a dead weight administratively in the mental hospitals. We must plan to relieve that situation speedily. It is part of our problem.) Sixty years ago the idea that we could prevent and cure tuberculosis was born. For twenty years government was slow in accepting responsibility. When citizens were aroused and joined forces with the medical profession in 1905, in the Anti-Tuberculosis Association, results were phenomenal. Sanatoria in fifteen years increased from 115 to 608, and tuberculosis leagues sprang up in thousands of counties in the United States. Now the time is ripe for action to prevent chronic diseases and to provide facilities for care immediately. This involves the education of all our citizens. The recently published study of the voluntary health agencies should lead to a revamping of many programs in the face of newly revealed needs.

On the basis of what we now know of chronic illness—the causes, varieties, incidence, in the young as well as the old, the rich as well as the poor; and the economic disasters which result from these diseases—we can rouse to action those who have power to help. Let the people know the facts—the numbers in this country and in their own county who are handicapped or incapacitated. In the United States 6,850,000 are handicapped by rheumatism, with 147,600 invalided; by heart disease, 3,700,000, with 144,200 invalided, and ranking at the top of our mortality statistics; 930,000 individuals suffer from cancer and other tumors, with cancer ranking second only to heart disease in our mortality statistics. With all this ammunition available, we should be able to focus the attention of philanthropic citizens and the legislative and administrative bodies on Federal, state, county, and municipal levels, for action to meet the need. If more ammunition is needed to convince a reluctant citizen or legislator, then let him be told of the impact of chronic disease upon our social economy: that more days are lost from employment because of chronic illness than from any other cause; that the bill for outdoor relief is chiefly due to long-term illness; that chronic disease in the relief family is 48 percent higher than the average for all income groups.

The National Health Survey shows that approximately one person out of every five of the population suffers from chronic illness. We might reckon one in every family. Does this general personal con-

cern point the way to an approach to the problem? It seems to me the answer is "yes" and that there might be hammered out a pattern for action "substituting solidarity for isolated individual effort." Agencies of the Federal, state, and local governments interested in the problem; public health, welfare, and education and representatives of private philanthropy dedicated to special services; councils of social agencies; physicians, nurses, social workers, and interested citizens—all are involved in a search for a solution.

The framework of planning for action involves two major objectives. One is the long pull for the preparation of adequately trained physicians, nurses, social workers, technicians, and public health officers in sufficient numbers, equipped to handle the many and complicated problems connected with the chronically ill. The other is immediate and involves the establishment or expansion of the facilities which are necessary, and which can only be staffed today by such professional personnel as is available.

Education for the physician and nurse has for generations been geared to the diagnosis, treatment, and care of the acutely ill. General hospitals have been equipped and staffed for that purpose, and the average length of stay of patients is ten days.¹ Communicable disease hospitals were established for the isolation of patients when epidemics scourged the country. Now they stand with idle beds, communicable disease having been largely controlled.

If we are to be provided with physicians and nurses equipped to care for, and interested in, the long-term patient, we must enlist the interest and coöperation of state boards and of the National Board of Medical Examiners. By the nature of their requirements for entrance to, and the character of, their examinations, they will react upon the quality of medical education in the universities and upon the scope of service of the intern in the general or special hospital. This will be no new departure in the field of medical education, for within little more than a generation rotating internships, covering certain branches of medical science, have been required as prerequisite to admission to state board licensing examinations. Primary emphasis is placed upon the training of physicians in this area of medical diagnosis and treatment because the early diagnosis is of vital importance to prevention, and the physician alone is equipped to provide it.

Boards of nurse examiners in many states have within recent years

¹ *Journal of the American Medical Association*, Hospital Number, March 25, 1944.

stipulated that in addition to the basic education in nursing there should be required affiliate work in communicable disease and mental hygiene nursing in specialized institutions. The time has now come when the boards must place more emphasis upon the care of the long-term patient whose nursing needs will increase in volume for years to come, until the preventive program is successful. There is definite reluctance on the part of most nurses to undertake the care of the long-term patient. Perhaps the trained practical nurse must fill the gap if our chronic patients are to be served.

The long-term patient needs the service of more skilled technicians than does the average patient. The skills of physio-, hydro-, and electrotherapy are essential to the treatment program, as is occupational therapy. The supply of workers skilled in these therapies is inadequate to the need and must be increased. Medical social workers must be recruited and trained in larger numbers than ever before.

In addition, if prevention of chronic illness is to become a reality the educational system must assume its full responsibility, applying the best we know in the field of health conservation, health education, and school medical inspection in every school district for every child, and sensitizing the teacher to the health needs of her pupils, as well as to her own personal health needs.

What are the immediate objectives in terms of facilities which must be provided? Remembering that the rich as well as the poor suffer from chronic disease, and that the rich are financially able to pay for the services they need, our first objective must be to provide adequate public funds, through health and welfare public agencies, so that the needs of the indigent may be financed without unnecessary strain upon private philanthropic agencies, or through public agencies and institutions. Such financing may ultimately resolve itself into a division of a national health insurance program, but at present it involves local, state, and Federal appropriations.

How and where are the necessary facilities to be provided?

For the most part, the sick are cared for in their own homes or in a hospital not too remote from the place of residence. In the large municipality the community planning council or the council of social agencies may be able to stimulate the creation or expansion of needed facilities, but the plight of the sick in the small town or rural community is not so easy to solve. County or regional planning must be undertaken. It therefore seems essential that at the state

level there should be created a master planning body, appointed by the governor to dramatize the need. The commission should be composed of representatives of the legislative body, the governmental agencies of health, welfare, education, housing, rehabilitation, crippled children's commission, etc., combined with representation from medical, nursing, hospital, and social service state associations, to which should be added citizen representation inclusive of organized labor and minority groups.

The master planners should draft no rigid pattern of organization or action to be applied to every community, nor should they bog down in time-consuming surveys which delay action. Instead, having ascertained the facts relating to need, having learned from the experience of other states successful methods of meeting them, then, by visitation, consultation, and the spoken and written word there should be given to the local community the help it needs to plan for the care of the long-term patient. This work can be done through the established staffs of governmental departments in coöperation with local civic and governmental agencies.

New Jersey has as yet no master-planning body, but the state survey of hospitals under the joint direction of the Division of Statistics and Research of the Department of Institutions and Agencies and the Division of Local Government of the Department of Health is giving special attention to the lack of facilities for the care of the chronically ill. It has provided an illuminating analysis of the population by counties based upon the standard ratios established by the National Health Survey so that each county may have some guide in determining the extent of its problem.

In addition, the New Jersey Department of Institutions and Agencies, through the Divisions of Old Age Assistance and of Medicine and Inspection, has pointed up the problem of chronic illness, and no county welfare board or council of social agencies is unaware of the gravity of the situation and what should be done about it. The State League of Women Voters and the State Welfare Council are active in promoting understanding in this field.

Having provided finances for the purchase of service and for the state and local planning bodies, what facilities shall we aim to provide to meet the needs of a comprehensive program? First comes the expansion of the general hospital to receive long-term patients in

sufficient numbers and for a sufficient length of time to provide a stimulating experience for the attending, resident, and intern staff and for the student nurse in training. This may be accomplished by structural addition to the hospital or staff affiliation with a public or private institution. It has been estimated that no less than fifty beds are necessary to provide an effective treatment and training unit. Such an arrangement means that group practice, highly skilled, is made available for study, research, and treatment for the chronically ill.

It is essential that an institutional population needing long-term care should not remain static; provision must be made through convalescent homes or nursing homes for the evacuation of those for whom no further treatment in the general hospital will be effective. Even more urgent than the need for expansion of general hospitals is the need for facilities which county or municipal government should provide for chronic illness which has reached mass proportions.

This opens up another field in which a primary responsibility must be placed upon government, namely, that of establishing, certainly upon the county or district level and, when study proves the necessity, upon the state level, public institutions for the care and treatment of the long-term patient. These institutions may range from a completely equipped and staffed general hospital to an infirmary geared only to provide nursing and custodial care.

There are barriers which stand in the way of the establishment (or expansion) and use of such public facilities, including inertia on the part of county officials and, at the present time, their unwillingness to shoulder the costs unless there can be financial assistance from the state and/or from Federal sources, especially as it relates to the care needed by the ever increasing load of old age assistance clients. The reluctance on the part of the Federal Security Agency to approve care provided in public institutions in which they will share the cost is based upon their knowledge of the traditionally inadequate care provided in old style county or municipal almshouses. This raises the whole question of the need for state standards and supervision together with state financial assistance which may be withdrawn if standards are not maintained. Standards are not self-executing; therefore the state, preferably through its welfare department, must be

vested with authority to establish standards and provide for inspection, supervision, and approval of program, management, and professional practice in public and proprietary institutions.

The state master planning body, therefore, must actively encourage the establishment of public institutions. It must also insure that the state department shall be vested with authority to license and supervise private proprietary nursing homes which are a necessary feature of a comprehensive program for the care of the chronically ill who, in so many instances, thrive best and are happier in smaller groups and in a more homelike atmosphere than a large institution can provide.

There are those who may disagree with me that the state welfare department is a suitable supervising and standardizing agency. I am convinced, however, that because so large a fraction of the program of care for the chronically ill is in the area of the social services, as contrasted with distinctively medical service (after the early diagnostic and treatment period is over), it seems obvious that the best over-all care will be rendered under the welfare department, and I can say this out of experience in state health and of welfare departments.

The key to success in any standardizing and supervisory program is found in the quality of the personnel in the public service charged with these responsibilities. They must be persons of integrity, with courage, diplomacy, and an educator's point of view; they should not be policemen carrying a big stick. In New Jersey we say that we are doing "casework with institutions." Our field representatives combine a variety of skills, including home economics, nursing, and medical social work. The specialized services of other specialists in the department are freely available to them, as, for example, that of the architects on structural and safety problems, of the state supervising food administrator, the psychiatric consultant, the chief psychologist.

There is the closest possible relationship between the Division of Old Age Assistance and the Division of Medicine and Inspection and the division concerned with inspection of public institutions. This results in the development of safeguards in terms of the administration under county welfare boards, limiting the population of licensed nursing homes and public institutions which, under pressure of great need, can so easily become overcrowded. This coöperation has provided for more adequate compensation for the nursing home operator, based upon our knowledge of operating costs in relation to the standards which we require. During the years of war this resulted in

a gradual increase from \$60 to \$90 per month, authorized by the state. (In this increase the Federal Government does not share.) When it is realized that certain licensed nursing homes receive from their wealthy clientele a rate as high as \$100 per week, it is evident that we are in a competitive market. This emphasizes the fact that we must not delay any longer in providing public facilities for the institutional care of the chronically ill who need them.

Institutional care, however, is only part of the program with which the state planning body must be concerned. The vast majority of those suffering from, and handicapped by, chronic illness live in their own homes or in boarding homes; some are working in spite of handicaps. At this stage of our development we may well look to private philanthropy for expansion and supervision of certain services for which the public agencies will compensate them, such as visiting nursing and visiting housekeeper service. The casework service of family agencies may be called upon to supplement the work of county welfare board investigators whose case loads are excessive; moreover, not all these workers are yet equipped to handle the intricate casework problems which are presented. All these facts serve to emphasize the importance of a joint approach and working together of public and private social forces.

There is need for stimulation of the philanthropic homes for the aged by the state planning body, encouraging them to reconsider their traditional policy of receiving only "well" elderly people. In the face of present realities is there not need for liberalization of the admission policy? May these homes not begin to think of themselves as social centers offering to the aged in the institution and to ambulant aged persons in the community a point of social contact and activity essential to the health, welfare, and emotional satisfactions of both groups?

Finally, housing! This is by no means the least important aspect of our problem. A large proportion of the aged and of those suffering from chronic illness could lead an approximately normal life outside institutions if it were not for the problems of stair-climbing and of shopping and if some easily available social service and emergency nursing could be provided at reasonable cost. Here we must call into our planning the Federal, state, and local housing authorities and convince them that in future planning in group housing such facilities must be provided in small apartment units, with elevator service,

social management, and a nurse on call. The Federal Housing Authority is giving serious consideration to this problem. In rural or village communities small unit colonies under social leadership as in Roosevelt Village, Millville, New Jersey, may provide an answer.

Having faced the realities of the situation we must no longer drift toward catastrophe. Now is the time to provide the needed facilities for the care of the long-term patient and to embark hopefully upon a program of prevention or control of the unseen plague, chronic illness.

THE ADMINISTRATION OF FEDERAL HEALTH INSURANCE

By I. S. Falk

BASICALLY, HEALTH INSURANCE is individual protection, established by group contribution, against the costs of sickness. It usually includes protection against disability wage loss as well as against medical costs. Since we are considering only the latter, "health insurance" becomes synonymous with "medical care insurance."

Health insurance is based on the common principles of insurance: each member of the group is exposed to the risk of illness; and by means of small regular contributions from the members of the group, a fund is created to defray the costs incurred by or for the specific individuals who need care. It is, I believe, generally agreed in principle that health insurance would be most effective if it included all, or nearly all, the population. With relatively complete coverage, the contributions could be minimal while the benefits would be maximal. This implies that, not only persons who make contributions will be insured, but their dependents as well. It also implies that other groups may become insured through special arrangements, such as the payment of premiums by public agencies on behalf of needy groups. Also, benefits should eventually include complete medical, dental, home-nursing, hospital, and related services up to the limit of need; it is safe to predict, however, that at the outset some of the benefits would have to be limited because of shortage of personnel or facilities.

An ideal insurance system would permit the widest practical freedom of choice for the patient in selecting a practitioner. Physicians would retain their privilege of accepting or rejecting a patient and would be free to devote all, some, or none of their time to insurance practice. Indeed, all the desirable characteristics in the noninsurance practice of medicine would be retained, while at the same time people would no longer postpone or forego medical care because of financial considerations. The only basic element of compulsion would be that which requires the prepayment of medical costs by regular contributions. Government would also undertake measures necessary to main-

tain and improve standards of medical care, and to assure the availability of personnel and facilities.

The accomplishment of these aims invites the highest degree of cooperation among government, the professions, and the public. The ultimate object is to develop a suitable system whereby everyone who needs medical care will receive it, regardless of family income, race, or place of residence. The administrative framework should be appropriate to the practical requirements. The specific forms and techniques of administration will, of course, depend largely upon the legislation that establishes the system.

Certain guiding principles may be suggested. The agency primarily responsible for administration should effect continuity of policy and the maintenance of high standards. Professional aspects of the program should be under professional direction. The health insurance system should, for reasons of economy and administration, be integrated with social security and the public health programs. So far as practicable, administration should be thoroughly decentralized, subject to conformity with general policies, so that maximum adaptation to local circumstances may be achieved. At all levels of administration, advisory committees, comprising representatives both of the public and of the appropriate professions, should work closely with the official agency.

We must make certain assumptions about the nature of the program upon which the administrative functions of government would be based: (1) coverage would include most of our population, but not necessarily all; and (2) the health insurance system would be national. We might agree that complete coverage is to be preferred over limited coverage, and that it would avoid the need to determine eligibility. But it may also have implications that make it less practical. Hence, limited compulsory coverage is assumed, with provision for voluntary inclusion of noncovered groups and for expansion in time; and this involves the need for determination of eligibility. Furthermore, there would be a single insurance system. This implies that responsibility for central administration would be lodged in the National Government.

Use of the Federal Security Agency, with administrative responsibilities shared by the United States Public Health Service and the Social Security Board, or entrusted to a new joint board, or through establishment of a new board or commission, illustrates the possi-

bilities for the central administrative agency. The division of responsibility among the national, state or regional, and local levels of government would depend greatly on the specific characteristics of the system eventually adopted; but, within broad limits, the general functions of each level can be indicated.

Central agencies should at least be responsible for the collection of contributions and the disbursement of funds, and for the development of the primary policies and agreements through which these purposes can most effectively and economically be accomplished. There is already adequate machinery for the collection of other social insurance funds. This machinery can automatically take care of health insurance contributions if the coverage is the same as for old age and survivors insurance, and it can be readily expanded if the coverage is broader. Eligibility accounts have already been set up for all employees covered by old age and survivors insurance, comprising most of those who would be covered under health insurance; and machinery and staff now devoted to other phases of social insurance accounting operations could readily form the nucleus of an expanded program at minimum expense.

Building on the existing procedures, the central administrative office would be able to determine who would be eligible for benefits. The eligibility of every contributor and his dependents would be determined within a specified period and an evidence of eligibility status issued to the family a year, say, in advance. This evidence, in their possession at the beginning of a benefit year, would be sufficient to entitle them for the year to the available services. Thus no determination or verification of eligibility, or other administrative step, would be required. This is important in a health insurance program, because great care must be taken that no administrative barrier is interposed between an insured person and his physician, dentist, or hospital at the time medical care is needed. Some special procedures may need to be invoked in the case of a benefit that is limited, such as hospitalization, but these should be comparatively simple. If groups like government employees or the recipients of public assistance, who are not covered on a compulsory basis, are brought into the system through premiums paid on their behalf, they too could be furnished insurance cards. Since all would present the same kind of evidence, there would be no distinctions among insured persons who ask for the services.

The central agency should be responsible for establishing the broad framework of general policy within which the insurance system would operate. Obviously, no policy should interfere with the greatest practical flexibility to allow for adaptation to local needs. It is also essential to establish certain general policies that would assure to each community its fair share of benefits. The central system should carry primary responsibility to promote conditions that would eventually minimize differences in the resources of communities and in the availability of good medical care. Central decisions, based on national negotiations and conferences with interested parties, might include the determination of average rates of payment for services, and maximum and minimum rates, which would guarantee a fair financial return to practitioners and institutions.

Central administration could also take measures to give all participating physicians the opportunity for study and research, especially so that physicians in communities where such opportunities are now lacking would not have to forego those advantages. It may be expected that such policies would not only promote a better distribution of personnel, but would also serve to raise the quality of medical care throughout the nation. Moreover, a broader program would be undertaken at this administrative level to enlarge the facilities for professional education, so that shortages of personnel, which might limit the availability of services could be alleviated. Also, research could be financed substantially so that medical progress would not have to rely upon the customary inadequate and uncertain support.

The central administration might also undertake the establishment of standards and certifications for specialists. In the absence of state specifications, this is presumably a necessary function. It would have to be carried out with the coöperation of professional associations and specialty boards, in order to make possible on a rational basis the payment of special rates for specialist service.

It is to be expected that the scope of benefits will, in the main, be fixed by legislation; but in the case of limited services, periodic revision of the benefits would presumably have to be made by a central authority, within statutory limits and according to funds and personnel available.

All phases of this program should, of course, be developed in close coöperation with advisory councils representative of public and professional groups. These underlying principles do not depend on the

specific nature of the organization designated to administer the national insurance program, but are suggested as basic guides for any effective plan.

At this point, we might consider the other extreme of administration, the local level. Medical service is a personal service rendered in the home, the doctor's office, or at a hospital. In general, it may be said that there are medical communities, just as there are school or church communities. There is a unit of population, or a geographic area, which is served by certain doctors and dentists or by certain hospital facilities. Each such community has its own medical traditions and problems. Much of the success of an insurance system will depend on the coöperation of the smallest unit in establishing practices so that the insured patient may obtain necessary care from the physician or dentist of his choice under circumstances most advantageous for both. To this end, a local representative council should play an important advisory role.

Local professional units should be well represented in the advisory council, which should also include representatives of the local population. Such a council should work closely with the local office in connection with such matters as: (1) the survey of community medical needs, and the extent to which existing personnel or facilities are satisfactory; (2) the promotion of local public and professional understanding of the program and its operation; (3) the development of the arrangements with medical personnel and facilities so that the insured population in the community may be well served; (4) the adaptation of local administrative devices to the methods by which local participating personnel choose to be paid for services; and (5) the promotion of good working relations between insured persons and those who serve them. These are only indications of the type of policy matter that should be developed on this level; but in addition, there will be inevitable problems which should be handled by the local administrative officers in conjunction with the advisory body.

There should be a local office to which the potential patient may have recourse. Changes in insured status, the acquisition of new dependents, questions about benefit rights, and assistance in finding the service he needs would be handled in that office. That office would also serve as an agent of the national system. As such, its functions would include the interpretation or adaptation of broad national

and state or regional policies, and communication with higher offices on local problems. It would, in effect, be the link between the local community and the state or national office, and it would be responsible, in major part, for the smooth functioning of the insurance system in its most detailed aspects.

Between the national agency and the local office there is an intermediate area. Much of the administration that remains to be attached to one of the three levels of government could be centered in a state or regional office. This allocation would depend to a large extent on the details of the legislation and upon agreements among national, state, and local governments, and with advisory councils.

Should administration at the state or regional level be carried by the national system, or by state agencies acting for the national system? If heavy weight is given to the need for coordination with related functions carried by the state governments, it invites the conclusion that, wherever practical, the national system should utilize the states on an agency basis; and that local administration should be an arm of state administration, except where the national agency failed to negotiate satisfactory agency agreements with the state government.

Where a Federal-state agency agreement is worked out, there may still be a question whether state administration shall be a function of an existing department or of one to be created. Since it is assumed that the financing is wholly national, state and local administration by a state department does not introduce the problem of differences in state and local financial resources.

Within the broad framework of national policy, state administrative offices might be authorized to develop policies specifically applicable to their own states. They would have the liaison functions of informing the national office of state needs and problems, and of transmitting to local units any developments—originating in the national office—which affect them. State policies would presumably also be developed with the assistance of advisory committees.

It may be assumed that state offices would have responsibility for supervision of local units, or the actual administration of such units where communities were unable to develop their own plans. Their activity might properly include the promotion of improved distribution of personnel within states and the development of arrangements for improving facilities. Standards of medical practice are traditionally a state responsibility, and the efforts to improve standards might

therefore devolve largely upon the states in coöperation with medical advisory groups. Actual rates of payment for services, within nationally prescribed limits, would also be developed by the states, and they would work out agreements with hospitals and institutions. Other administrative details might also include the maintenance of records concerned with disbursements, and a periodic accounting of operations within the state. A more precise definition of function would depend upon the emphasis to be given each level of government in the whole system.

The initial steps in organizing sound administration should include early development of the advisory councils. These might follow a pattern based on the representation of groups and individuals providing service and of groups and individuals constituting the public. A rotating membership might be chosen from panels submitted by professional societies, health, labor, consumer, and other groups. At the national level, subcommittees composed entirely of physicians or dentists or hospital authorities might formulate for the whole council suggestions and policies regarding standards of practice, specialization, methods, and rates of payment, etc. The special interest should, of course, be subject to the general interest, but the special interest should have a fair hearing; all policy should be subject to the test of acceptability by the greatest number of persons.

Parallel with each level of government, there should also be provision for appeals procedures. Questions concerning the rights of insured persons and their dependents, as well as questions involving conditions of medical practice and fees for service, are certain to arise. Appeals bodies at each level of administration should be developed, with a central appeals body attached to the national office for cases not satisfactorily settled at a lower level. Again, as in the case of advisory councils, exclusively professional questions should be handled only by professional branches of appeals bodies.

Fundamentally, government participation in the administration of a national health insurance system presents no new problem. Medical care insurance may present a different combination of problems from those hitherto solved, but no insurmountable obstacles are foreseen. The maintenance of tens of millions of separate records for contributors may seem formidable, but we already have a system with about 85,000,000 separate accounts. In turn, the equitable disbursement of funds for medical care may appear to present complex dif-

facilities, and it does; but government can develop effective techniques for that purpose as well.

The administration of a national health insurance program would be admittedly complex, but I believe it would be feasible. The problems cannot all be foreseen or solved in advance; but that in itself is no reason for doing nothing. It is not as though health insurance were a wholly uncharted land. Vast experience—national, state and local, compulsory and voluntary, domestic and foreign—is at our disposal. We can use it if we have the will to tackle the job that is begging to be done, and which the public has said it wants done. We should proceed on the path to "a clear-purposed goal," confident that the American genius for administration will not fail us.

RELATIONS BETWEEN PUBLIC HEALTH ADMINISTRATION AND MEDICAL CARE ADMINISTRATION

By Joseph W. Mountin, M.D.

UNTIL QUITE RECENTLY, administrators felt that they could describe a sharp line between traditional preventive health services and those comprising personal medical care. The former were regarded as fitting activities for government; the latter were left very largely to be supplied by the private professions, without standards of adequacy or quality prescribed by public authorities. Like any generalization, this one tends to obscure important exceptions, for there is a considerable amount of government activity in medical care. The special feature of such activities, however, has been their restriction to certain categories.

Democratic liberalism has always valued highly individual responsibility. According to the founding fathers, government was to disturb the natural operations of social and economic relations only where the individual could not possibly care for himself—and then preferably by supplementation of private effort. Such was the case with regard to paupers, the insane, criminals, or the victims of certain chronic diseases. The first approach of our society was to place these persons in institutions. Medical care was rendered incidental to segregation and custody, while little effort was made at rehabilitation or the promotion of "positive health."

With this background, it is natural that the medical care functions of government developed as a phase of public relief. It is likewise natural that public welfare agencies should be more sensitive than other branches of government to individual medical needs. Public health, meanwhile, directed its attention to all persons in the community rather than to any one segment. Its approach, however, was primarily environmental. The task was to prevent development of disease through mass control measures rather than to treat it in an individual.

As a result of these separate paths of development, public health has acquired a great variety of functions, all based on the fundamental concept of prevention. The field of public relief has acquired another set of medical functions, based on the fundamental purpose of caring for those who cannot provide for themselves. Today, through programs of medical relief and the operation of institutions for long-term illnesses, departments of public welfare are far more intimately involved in medical administration than are departments of public health. Hospitals for mental disorders or tuberculosis are generally closer, in the arena of government, to the welfare agency than to the health agency.

We now face a task which lies between the jurisdiction of public relief and that of public health. It is the task of administering a program of comprehensive medical care for the general population. Like the heritage of medical relief, it is concerned with treatment rather than prevention. Like the heritage of public health, it is geared toward service for the entire population rather than for those who are financially unable to provide for themselves.

Assuming that government may be the most appropriate medium of administration, our problem is: Which of the two main paths should we travel in developing an integrated health agency for handling these larger programs? Separation of responsibilities has not obtained to the same degree at all levels of government. It has tended to be least marked at the Federal level and to become progressively sharper as we move to the local area. Thus in the United States Public Health Service, medical care and public health have been combined for sixty years. Indeed, the Public Health Service began in 1798 as exclusively a medical care agency, providing services to seamen through a system of compulsory insurance. As public health consciousness developed late in the nineteenth century, epidemiological and sanitary responsibilities came to the Service; hence measures were set up to prevent the importation of disease and to limit its transmission across state lines. In the early part of the present century, the Federal health service was given the task of providing consultative assistance to the states in the field of sanitation together with limited financial aid.

At present one finds lodged in the Public Health Service, responsibility for various elements of public health and medical care. There is a program of complete medical care for certain legal beneficiaries of the Federal Government. Hospitals are maintained for the care of

certain illnesses. There are medical services in connection with Federal workmen's compensation. Officers of the Service are assigned to other Federal agencies to administer various programs of medical care, such as those for low-income farmers and migratory farm laborers, those in connection with vocational rehabilitation services, civilian defense medical activities, and now the health responsibilities of the United Nations Relief and Rehabilitation Administration. At the same time, the Service discharges its traditional responsibilities in connection with sanitation, venereal disease control, communicable diseases, dental hygiene, tuberculosis, mental hygiene, and so on. In addition, the Service sponsors an extensive program of research.

Admittedly, the Federal Government cannot claim full unification of all its health functions, although progress is being made. Chief responsibilities for maternal and infant hygiene services are still in the Department of Labor, while the Civil Service Commission has its own medical division. Note should be made, however, of the co-ordination with the United States Public Health Service which is achieved, at the Washington level, in such health programs as those sponsored by the Department of Agriculture, the Federal Public Housing Authority, and the Office of Indian Affairs.

At the state level, the degree of unification is far less. Studies of the distribution of health services in the structure of state government reveal a startling dispersion of functions. Recognizing some thirty-five categories of governmental activity that have health significance, we found an almost helter-skelter division of responsibilities among at least seventeen state agencies. In addition to departments of health, of welfare, of agriculture, of labor, of education, and of public utilities, there are boards and commissions set up to handle special health problems of medico-legal tasks with little relation to the department of public health. The pattern of administration found in any given state is seldom, if ever, duplicated in any other state.

In the local municipal or county area, the degree of split control is greatest of all. Not only are tasks assigned to different government agencies, but, more important, they are divided indiscriminately between public agencies and voluntary agencies, and between organized agencies and private practitioners. It is the latter separation of responsibilities that has the most serious repercussions for the health of the average citizen. Here the line is defined mostly in terms of mass preventive services as the province of government, and

of personal medical services as the prerogative of the practitioner.

As knowledge about disease expands, the line separating preventive services from medical care becomes increasingly hazy. The physician is continually called on to render preventive services to his private patients. Conversely, public health agencies find themselves more and more engaged in the treatment of sickness. The control of venereal diseases, the maintenance of collapse therapy for tuberculosis, the treatment of acute communicable diseases, dental care for children—these are areas where traditional public health has become involved in direct medical service, not to mention the diagnostic services incident to maternal and child health programs, school hygiene, industrial hygiene, and other department functions. During the war, departments of public health were faced with new and extensive responsibilities in the administration of the emergency maternity and infant care program for the dependents of servicemen.

A position no longer tenable is that a person should be permitted the benefits of medical service in proportion to his financial position. Equally objectionable is the companion principle that a person without income, or of limited means, should become an object of charity or public relief when in need of medical care. We have about reached the conclusion that all people of this country should have as a right of citizenship, health services appropriate to their needs. Obviously, such a broad program must be financed from a fund that is contributed by deductions from income supplemented by appropriations from general tax revenue.

Any future health program built around these principles obviously dictates the closest possible coördination between preventive and treatment services which are made available under similar circumstances to all groups of the population. Such coördination is sound medicine because the individual is best served by the prevention of disease; but, if disease occurs, the individual is best served by its early detection and treatment. It is good economics because prevention of sickness costs less money, in the long run, than treatment of established illness. It is sensible administration because unified control is more efficient, less expensive, and entails less paper work than independent management of several separate programs.

I think it is fair to say that the path toward the best administration of a general medical care program lies down the channel of public health, granted, of course, that the change must be gradual and

orderly. If health services are recognized as a primary responsibility rather than an adjunct of custodial care, this follows logically. Adequate medical care for the entire population must take this course. Finally, if we recognize the importance of coördination and unity between preventive and treatment services, then public health agencies are the most appropriate administrative bodies.

Despite the great dispersion of responsibilities for public health and medical care in the structure of state and local governments, health departments doubtless have wider authority than any other agency. They are long accustomed to public trust and possess unusually broad legal powers. They are geared to serve the entire public. They are not bridled with the vested interest attaching to many voluntary groups. Most important, they are in a position to provide unified administration of all preventive and medical care services.

Recognition of the need for coördination is seen in the drafting of such legislation as the National Health bill introduced in the Senate of the United States on November 19, 1945. In this bill the principal administrative authority for the provision of personal health services is assigned to the Surgeon General of the United States Public Health Service. Of course, the Surgeon General could not administer this or any program of similar complexity entirely out of Washington. In the delivery of personal health services especially, decentralization and flexibility of administration are necessary to take account of local differences in requirements, facilities, and attitudes. Decentralization is even more important to assure prompt action with respect to performance of services and settlement of accounts. These principles, conceivably, might be effectuated through enlargement of the Public Health Service staff, with the establishment of stations in every local jurisdiction throughout the nation. On the other hand, they could be effectuated much more readily by making full utilization of state and local machinery to the extent that these authorities are willing to coöperate. The proposed National Health gives encouragement to the latter approach by requiring that "the Surgeon General shall, insofar as practicable, give priority and preference to utilizing the facilities and services of State and local departments or agencies on the basis of mutual agreements with such departments or agencies." There can be no question about the desirability of this stipulation, if a national program is to be coördinated with existing programs of public health and preventive medical services.

We know too well that health departments are not fully prepared to administer a comprehensive program. On occasion, the desire of public health officials to maintain amicable relationships with the medical profession has even induced them to avoid local responsibilities. Yet if there is any validity in the necessity for health departments to have a dominant position in future administration, it is absolutely essential that they prepare themselves for the job.

Health departments can equip themselves in many ways for the great administrative task involved in handling such a broad program. An abundant literature on the subject is available. Members can be sent to the schools of public health which give instruction in medical care administration. Much can be learned by observation abroad where programs have been in operation for many years. Moreover, they can begin in their local communities to participate in the numerous medical care programs now in operation. The public welfare medical program, workmen's compensation, vocational rehabilitation, tuberculosis and mental hospitals, community hospitals, veterans' medical care, the Farm Security Administration prepayment plans, migratory farm labor health services, all the voluntary health insurance plans—these are a few of the opportunities where the health department can participate either on an advisory or an operational basis.

In the medical care program of the future, one can envisage many features that should be coordinated. The administrative area for all services should be the health service area, defined mainly in relation to the provision of hospital facilities. The hospital or health center becomes the nucleus for all health activities of the area, both preventive and therapeutic. Throughout most of this country, the population encompassed would be a minimum of 50,000. In sparsely settled sections this unit might be less in order that persons at every point could have ready access to the central facility.

Hospitals and health centers serving as the central physical facilities should be equipped for general medical care as well as for preventive services. For special conditions, such as venereal diseases, diabetes, or maternity care, special clinics should be maintained. No means test would be applied in these clinics, and, therefore, any social stigma previously associated with attendance at them should not be permitted. On the contrary, such clinics would be the source for obtaining a specialized service of the highest quality, while at the same time costs

would be reduced through the common use of equipment and the fullest possible employment of auxiliary workers. In these hospitals and health centers, accommodations would be available for private physicians and dentists. Such an arrangement should encourage the development of group practice clinics.

In a fully developed health program coördinated under the health department, the traditional preventive activities would by no means be isolated from the day-to-day care of sick patients. The practice of obstetrics would be intimately related to the program of prenatal and postpartum care. The practice of pediatrics would be related to infant hygiene and school hygiene programs. Venereal disease control would be integrated with clinical practice in urology, gynecology, and dermatology. The practice of general medicine would be closely related to organized programs of nutrition, control of tuberculosis, diabetes, heart disease, rheumatic fever, or attack on the common cold. Mental hygiene programs would be related to the clinical practice of psychiatry. The practice of ophthalmology or optometry would have its relationship to programs of visual hygiene. Even surgical practice could be intimately related to a mass preventive program, while radiology and surgery would be concerned with the early discovery and treatment of cancer. Hardly any aspect of general medical service is without its opportunity in the field of prevention.

As medical care administration merges with public health administration, moreover, new horizons will continually open up. For example, geriatrics may come to bear the same relation to the health of adults that pediatrics does with respect to children. Orientation of the private physician will naturally be directed more toward prevention than in the past—once the source of his income has been shifted from individual fees to a pooled fund. This type of unified, modern, medical service will come to its full development only when public health and medical care administration are united in the same agency.

If health departments are to assume these administrative responsibilities, it is obvious that their staffs must be expanded. Economists and statisticians as well as technicians will be needed. Medical social workers will have an important function at the local level to assist in solving problems in the relationships between patients, providers of service, and the Government. Perhaps most important, a new orientation will be required of public health workers, an orientation

which regards all illness as an area of public health concern, whether it is amenable to controls by environmental hygiene or whether it can be handled only through personal medical care.

This orientation will require something of a philosophical revolution in the public health field. It is a change, however, that must come, not by imposition from without, but in the process of acquiring experience with new functions. The necessary perspective can be gained in large measure through close coöperation with departments of public welfare. Now is the time for health and welfare agencies to begin this whole process of adjustment, not alone through intensive training, but more especially by acquiring experience with current medical care programs.

As the integrated health administration of the future is developed, a uniformly high quality of service should be rendered. No one is more conscious than the welfare worker of the liabilities in a double standard of medical services—one for those who pay their own way, and another for those who are assisted from public funds. Those who seek a unified service are hopeful that, under a national program, the welfare departments will "buy into the insurance system," so to speak, on behalf of their clients. In any event, we should look forward to close working agreements between departments of health and departments of welfare. If this is done properly we may be confident that the care of no group will be isolated from the main stream of medical practice. A strong unified health administration will facilitate the work of public assistance agencies, of educational agencies, of labor agencies, of agricultural agencies. It will set the stage for realizing the President's goal—"the right to adequate medical care and the opportunity to achieve and enjoy good health"—for everyone.

THE USE OF AVAILABLE RESOURCES

By Katharine F. Post

THROUGH THE EFFORTS of the Office of Vocational Rehabilitation, 41,925 disabled persons in the United States were placed in productive employment in 1944 and 1945. This number, compared with the 12,000 who were rehabilitated in 1940, demonstrates the progress made toward the agency's goal of assuring needed services to all disabled citizens. Significant as this figure appears, however, it is small considered against the backlog of thousands not yet served and the added thousands who are disabled annually through accident and illness.

In large part, the problems of reaching those who need service are administrative in character, requiring additional staff, increased accessibility, and more effective methods of case finding. Once they are reached, however, it becomes the responsibility of the rehabilitation counselors to help them make effective use of the services.

The records reveal that nearly 50,000 persons who reported to the agency, were surveyed for needs and then their cases were closed out without further services. Reasons for the lack of service in these cases include "services denied"; "services not needed"; and "individual not sufficiently coöperative." Undoubtedly there were many others who started the rehabilitation process but dropped out before reaching an objective.

We know, of course, that there are many unavoidable reasons for failure to achieve rehabilitation goals in individual cases; but we know too that at least some of these people could have been served had we possessed greater understanding of their problems, greater insight into the part we ourselves might have played, and greater skill in helping. One wonders certainly about the so-called "uncoöperative" group and what might have been done differently in order to bring assistance to these handicapped persons. We are earnestly concerned with these failures to meet more fully expressed individual needs.

To assure more effective services, it is essential that we gain a better understanding of the client himself and the problems which face

him in his effort to achieve a satisfying life. We know that illness and injury are accompanied always by severe emotional shock. The damage varies in degree and kind with the duration and severity of the condition, and with the personal needs and strengths of the patient. The realities of pain and disfigurement, fear of further injury, and resentment of the attack upon his body add their toll to the shattering experience of disablement. Feelings of difference and inadequacy, threatened personal and financial security, and resentment against enforced dependency are further hazards along the road to a happy and productive life.

At the moment of acute shock it is normal to relinquish all responsibility to those who can provide care. The very ability to give up control for a time enables the body to marshal its forces for recovery. Like enforced rest in the treatment of tuberculosis, the injured person's temporary relinquishing of responsibility is an essential step toward health. Despite this, however, the necessity for giving up responsibility puts a strain upon the integrity of the personality and places serious responsibility upon those who are concerned with the recovery of the patient.

Normally, the period of dependency passes as the physical need for it abates and the body organizes its powers for recuperation. The injured person's desire for independence returns, and he exhibits capacities for readjustment that are sometimes almost beyond belief. The courage and fighting determination of the patient, matched by the courage and wisdom of those participating in his care, combine to achieve these remarkable results. They demonstrate dramatically the human potentials for health of mind and body which are aligned on the side of those who have the will and understanding to become part of this rehabilitation team.

The problem, however, is a complex one. Although some people adjust readily to the experience of disability, others despite all efforts may never achieve the goal of self-reliance and self-sufficiency; the injury is too great, the personal strengths too limited. There are many, however, who need and can use our help if this is well directed and based upon a true appraisal of the client's needs and capacities.

Despite the body's inherent striving toward health, the difficulties and dangers are real. It is well to ask ourselves, "What forces determine an individual's capacities to cope with the problems of disability?" The answers to this question lie primarily within the complex pat-

tern of early life experiences and relationships which largely determine what we know as personality. Psychiatry has contributed to our understanding of the effects of experience upon the individual and has taught us ways in which we may help the disabled person to overcome the mental hazards of his handicap.

Duration of the initial period of medical care and management of the critical stages of convalescence are of marked significance. There is satisfaction in being waited upon, protected, and cared for; satisfaction which, if too prolonged, may substitute for the patient's healthy inclinations toward self-reliance. Continuing dependency may be a temptation to the patient who is too hurt or too fearful to face the world with his new loss, and convalescence, unnecessarily prolonged by overanxious relatives and friends, may deprive him of his initial will for independence.

The age, maturity, and social adjustment of the person at the time disability occurs is also of immense importance. A person congenitally handicapped or disabled in early years is forced to build his life around the disability, and unless further handicapped by parental attitudes, he usually evolves for himself a satisfying and productive life. Another person, paralyzed by poliomyelitis at the age of sixteen, adds a sudden and restrictive disability to the always present conflicts of adolescence. At the moment of passing from childhood to adulthood he is forced back into a dependent position with his entire present and future security undermined. He is robbed simultaneously of normal activities and of the ability to compete physically with boys and girls of his age. He is forced also to alter his ideals and plans for the future at a time when such planning is an important part of his development. It is to be expected that he will react with violence against this attack upon his person. Reversion to early dependency or defiant exclusion of those who might help are common evidences of his fear and insecurity. It is good for him to express these feelings, and doing so may free him to discover fields in which he can still compete and help him to remodel his dreams and aspirations to fit the changed world in which he lives. For these adolescents especially, great patience and understanding, coupled with encouragement and help in growing toward self-reliant adult goals, are as essential as good medical care.

A person in middle years, successfully established in social and work relationships, may have relatively little difficulty in adjusting to a

disability if the injury is not too great. With essential security established, and a normal range of interests and abilities, his energies may be directed into productive channels of equal or greater moment than his original vocation. On the other hand, if successful adjustment has always been difficult to achieve, a disability may be seen as an acceptable reason for remaining dependent upon those about him. To such a person, any offer to help him achieve self-reliance may threaten the security he finds in his dependency. Still another patient may cling tenaciously to the disabling effects of an injury because an anticipated financial compensation promises a security he has never known. Whenever a disability has thus provided a comfortable retreat from disturbing life demands, any efforts directed alone toward removing or reducing the handicap will find the client a firm adversary rather than an ally. If rehabilitation is to succeed with these people it will be necessary first to discover and alleviate at their source the pressures from which the client is escaping, thus freeing him to make use of fresh opportunities for wholesome interests and activities.

Of similar importance are the nature and severity of the handicap and the degree to which it alters established life patterns. An office worker may lose a leg and be able to function as effectively as ever on the job, whereas the same loss for a laboring man could require a radical change in occupation and necessitate the acquisition of new working skills. A person with a sedentary occupation, recovering from tuberculosis, might easily return to his job, while a foundry worker with the same disability would need to replan his life to meet the demands of his illness. The head of a family, permanently homebound by a crippling arthritis, requires complete readjustment, not only of his own life, but likewise of that of his entire family.

In another sense, also, the nature and degree of disability may add profoundly to the client's difficulty in using available resources. His resentment of imposed restrictions or his hurt over the disfigurement of a handicap are commonly expressed in resentment against those who try to help. The offer of help is, in itself, a reminder of his difference and is hated. The worker who does not understand this reaction may feel thwarted and respond with matching irritation. "Uncooperative" is too often the label given such clients. It should be recognized by the worker that resentment of difference covers a sensitive desire to be like others and is frequently a positive tool which may be turned to advantage. If patience and skill can capture the client's con-

fidence, it is usually possible to find activities in which he can compete successfully with his nondisabled neighbor. Thus, through vocational achievement, his feelings of difference and inadequacy may be lessened and his ability to enjoy life restored. Unfortunately, the cases of many people who are in need of special understanding may be considered too time consuming and too difficult. It is important that time and skills be sufficient to allow for the recognition and adequate treatment of such problems.

Family attitudes toward the disability and the disabled person are among the greatest contributing factors toward neuroticism and chronic dependency, on the one hand, and toward mental health with the maximum of self-reliance, on the other. Broken occupational and living routines, reduced social life and pleasures, disturbed family and marital relationships, create emotional pressures both for the disabled person and for his family. Too frequently, oversensitive relatives assume exaggerated responsibility for meeting the needs of the patient and thereby retard his progress. Essential to mental as well as to physical health is enlistment of the individual's continued responsibility for himself and others, within his fullest capacities. Family and community attitudes of genuine respect for the client's personal integrity, abilities, and right to self-determination will go far in enabling him to make constructive use of available resources.

Previous experience with medical care and social agencies further affect the disabled person's ability to use community services. It is easy to look for, and think that we have found, the answers within the client himself; it is harder to see clearly the ways in which social workers and social agencies have contributed toward the client's failure to make use of the services at hand. To do the latter requires a frank examination of the client and of ourselves with a comprehensive understanding of each. War experiences have tended to dim the picture of the depression years which brought to so many people what seemed to be the final humiliation of "going on relief." The dark years were further darkened, for many, by bitter experiences with agencies understaffed with undertrained and overworked personnel, and these experiences many times set family and community attitudes of resistance toward social agency assistance of any kind. The experiences suffered are still vivid to the people who lived through them, and much in the way of interpretation and new experiences are still needed to alter these feelings. Increased employment during the war

years helped social agencies only to a limited degree. In general, they remained understaffed because of the diversion of experienced personnel into war activities. Too few workers with too little training were left to do the job. This has made for pressures on the workers which have frequently resulted in unpleasant experiences for the clients. In some instances, much-needed medical care programs have been administered through such channels as probate courts or other agencies staffed with persons unfamiliar with medical problems and the relationship between social factors and physical illness. In many cases the client has preferred continued disability rather than risk what he feels is interference with his right to self-determination. If acceptance of service means, at the same time, acceptance of too great infringement upon one's rights to privacy and self-direction, refusal to make use of such service may represent real personal strengths rather than a lack within the individual.

Doctors, too, have contributed in some cases toward the patient's reluctance or refusal to accept further medical services. In the press of overwork and with little opportunity to know the patient's feeling about his illness, the physician's handling of diagnostic information and treatment procedures has sometimes aroused severe anxiety and resentment. The patient's resultant lack of confidence, the feeling of being pushed around, and fear of the procedures themselves too often block any future use of needed medical care.

Another barrier is the inaccessibility of agencies. In the Office of Vocational Rehabilitation we find a strong tendency for case loads to center around district offices in spite of efforts to reach more distant areas. Establishment of additional district offices may be an essential part of a growing program if our services are to be easily available to those who need them.

Hours when services might be obtained have been notably inconvenient for the employed client. Fearful of being discharged if he requests time off or unable to afford the loss of pay, he may never make his need known. During the war, many agencies met this problem by having office hours one evening a week. It is possible that an extension of this service into peacetime practice might enable more clients to utilize agency services.

In achieving final vocational goals, attitudes of the community, and particularly those of employers, are of vital importance. Mental illness, epilepsy, and tuberculosis still top the list of disabilities about

which there continue to be public misunderstanding and fear. Personal and family adjustment to a disability may be excellent, but if employers refuse employment, months and years of painstaking effort may be lost in the fruitless search for work.

Finally, the client's success or failure in adjustment may be determined by the rehabilitation worker's understanding and skill. Seeing the individual with his particular disability against a full background of his experiences should enable the counselor to recognize both personal needs and vocational capacities. Knowledge of community resources, attitudes, and employment opportunities should further enable him to match job placement with the client's special abilities and thus facilitate the best personal and vocational adjustment.

The rehabilitation counselor, faced with a multiplicity of personal, family, and community problems, must have almost superhuman understanding, courage, and skill. With the passing of the Barden-La Follette Act of 1943, responsibility for rehabilitation of the mentally disabled added to the counselor's job still another complex group of problems for which he had little or no preparation. Workers, themselves recruited from such allied fields as education, personnel, guidance, and social work, were the first to recognize that no one field of experience adequately prepares an individual to meet the broad demands of vocational rehabilitation. Further training, then, becomes an outstanding need.

An ideal solution, and one which I believe will in time be considered essential, would call for a full service curriculum on a graduate level, with correlated academic and field experience, designed specifically for the professional preparation of the rehabilitation caseworker. Such a curriculum is even now in the early stages of development in Michigan, and we hope that before long it will begin to fill a recognized need in the field.

Development of a graduate curriculum, however, though it would help to meet staff requirements of the future, still leaves unsolved the problems of the moment. To fill present needs, a carefully planned program of in-service training is essential to the effectiveness of rehabilitation services.

Individual case conferences using consultation of specialized personnel; periodic staff meetings and case seminars planned around basic and current rehabilitation problems; educational leaves of

absence, extension courses, and further development of library facilities are some of the ways in which in-service training may be conducted. Another effective method is that of staff institutes, planned coöperatively with local and state agencies, providing for staff participation and utilizing fully all available personnel.

In whatever manner one approaches the problem, vocational rehabilitation has an unlimited opportunity for service, and it is vital that we prepare ourselves to make these services increasingly effective. In Michigan alone, the increased earnings of those rehabilitated during the past fiscal year amounted to nearly six times the total cost of the state's rehabilitation program for that year. These figures speak for themselves as to the economic soundness of rehabilitation. In addition are the savings in human values which cannot be measured, but which constitute the basic strength of the society in which we live. These are the values we cannot afford to jeopardize, and to the extent that we succeed in getting our handicapped citizens into productive and satisfying employment, to that extent have we promoted better mental and physical health, a more secure economy, and a sounder community structure.

DEVELOPING A FEDERAL MENTAL HEALTH PROGRAM

By Robert H. Felix

LIKE MEMBERS OF EVERY OTHER PROFESSION these days, workers in mental health are taking stock to determine the effects of the war in their field. We need not probe deep to find two fundamental results.

First, the selective service figures have brought home to all of us the extent of mental illness in our nation. Second, the tensions, readjustments, and traumatic situations which have affected both the fighting man and the civilian have dramatized as never before our urgent need for the active development of mental hygiene facilities and techniques.

Both these factors have contributed to a growing public consciousness of America's mental health problems. As a result of this awakened interest, the worker in the mental health field has found himself in a somewhat paradoxical situation. Having at last succeeded in convincing his fellow citizens that something should be done to combat mental illness, he is now in real danger of being unable to find the necessary facilities and personnel. It is essential, then, to examine our present and potential resources in order to lay a sound basis for the planning of a long-range program. These resources are slender, and the planning must be carefully done.

Mental disease is a true public health problem. Its prevalence, its serious consequences to society and to the patient, and the heavy cost of prolonged treatment and prolonged disability make it a matter of public concern. The objectives in this field are the same as in other fields of public health. We must learn more about the causes and the nature of mental disease, and develop more effective methods of prevention and treatment. We must recruit and train personnel to staff our hospitals and clinics. We must bring mental health services within the geographical and financial reach of every American, and promote the highest professional standards. And we must give the public basic information on the principles of mental hygiene.

Research in the field of psychiatry has lagged far behind that in

other public health problems, such as tuberculosis and venereal diseases. Our knowledge is limited, and many of our conclusions rest on somewhat slender foundations. We have much to learn about the etiology of mental disorders, and about the role of heredity and race. We have yet to discover, in many cases, whether or not physiological disturbances are involved, or to determine the significance of those disturbances which have been observed. We need to develop better diagnostic techniques, particularly for the detection of incipient cases. Our therapeutic methods leave much to be desired. Many of them have been arrived at on a basis of trial and error, with no understanding of how they produce results, or of why they so often fail.

Many of our well-accepted principles are in need of careful evaluation. For instance, many of us have stoutly maintained that the ideal method of dealing with psychiatric disorders was by means of the coördinated efforts of the classical three-man team of psychiatrist, psychiatric social worker, and clinical psychologist. We have demonstrated that this team works very satisfactorily. But is it the best possible arrangement? May there not be a different team which would be more effective, productive, and economical? Research is needed on such questions as well as on the mental diseases themselves.

The basic obstacle to any immediate attempt to improve the mental health services of the nation is the serious deficit of trained personnel in all fields related to the care and treatment of the mentally ill. Even in 1941, before the wartime shortages of manpower had become acute, our state hospitals for mental disease reported an over-all personnel deficit of 42 percent on the basis of minimum recommended standards. With regard to professional personnel, the situation was even more alarming; the deficits ranged from 71 percent in the case of social workers, to 92 percent for psychologists. Serious shortages also exist in other hospitals, in clinics, and in the private practice of psychiatry.

When we consider what needs to be done in order to inaugurate an adequate national mental health program, the difficulties presented by the personnel problem become very sobering indeed. Although it is difficult to make estimates at this stage, it is clear that we need, at a minimum, twice the number of qualified psychiatrists now available in order to meet the demands of public service alone. In general, it appears that from three to four times the present number of trained

personnel will be required to provide adequate mental health services throughout the country.

It has been estimated, for example, that we may need as many as 6,000 psychiatric social workers. How are we to recruit and train these people? Even if we assume that Federal funds will be made available for training purposes, and that the salaries will be sufficient to attract large numbers of candidates, we shall still be faced with a shortage of qualified teachers and established training facilities.

We must give careful thought to this problem. Whom can we use as teachers? What added facilities can we press into service? How much use can be made of in-service training and of supplementary courses for those now partially trained, or those who were trained in related fields? Can we condense or accelerate our present curricula without sacrificing professional standards? We may soon find ourselves faced with the necessity of making immediate decisions on these questions, and it is to the professional groups that we must look for the answers.

Our third great need is, of course, to develop the facilities and the administrative and organizational techniques through which our knowledge and our skills are to be applied. Here, too, many problems remain to be solved; but our fundamental requirements are fairly well defined. Throughout the foreseeable future, we shall continue to need extensive mental hospital facilities. We look forward to the day when our achievements in prevention and early therapy shall have reduced this need. But for many years to come, we shall have large numbers of patients whose illness has progressed to the point where, for their own protection and that of society, institutional treatment will be necessary. We shall also have those who have suffered such extensive organic lesions that they will require custodial care for the remainder of their lives. For the present, we shall need more, rather than less, of these facilities. We shall need, above all, to improve our prevailing standards of care and treatment so that all those for whom there is hope will have the benefit of the best techniques that psychiatry has to offer.

It is in the field of preventive work and clinical services that our greatest deficit exists, and that our brightest hopes of achievement lie. The National Committee for Mental Hygiene has found that, as a nation, we now have less than one fifth of the clinic services required by minimum standards, and that our present clinics are con-

centrated in our larger cities to such an extent that most of our population is left without any mental health services whatever. The Committee recommends, as an ultimate goal, the establishment of one mental out-patient clinic for each population group of 50,000, with an interim goal of one to each 100,000 to provide minimum services. As a first step, we propose to aim at providing one to each 500,000 persons throughout the country; yet even this modest goal will require the setting up of 120 additional clinics.

Under these proposals, each community or rural area would be served by a general-purpose clinic, staffed with a minimum of a psychiatrist, a psychologist, and two psychiatric social workers. This clinic would have three broad functions, serving as an outpost of the mental hospital, as a community clinic, and as a public health agency in the full meaning of the word. It would serve the hospital by referring seriously ill patients, by performing casework, and by conducting follow-ups on patients after discharge. Within the community, it would provide out-patient treatment for the less seriously ill, and, most significantly, for patients in the early stages of illness, when the prospects of cure are best. Except in the larger cities with extensive special problems, it would offer consultation and referral services to the schools, the juvenile and criminal courts, industrial groups, and the social agencies. Its public health functions would include mental health education, active case-finding programs, and the study and control of mental illness as an epidemiological problem in the individual community.

Mental health education, not only of the patient under treatment, but of the community at large, is of fundamental importance. Obviously, if we are to have an opportunity to treat the milder cases, they must be ready to come to us for aid. The common reluctance of these patients to seek treatment, resulting from misconception and lack of information, must be overcome.

In the public mind, mental disease has appeared largely as an all-or-none affair, as expressed in the established legal fiction that a person is either sane or insane. Under a system which, in general, makes little provision for psychiatric treatment until the patient has been committed to an institution, it is scarcely surprising that this view has remained so prevalent. One of the great contributions of the out-patient clinic is that it calls attention, by its very existence, to the importance of the vast middle ground of mild mental and personality

disorders where our efforts can be most effective. Functioning as part of the normal health services of the community, it is largely free of the stigma which still adheres to mental institutions. It thus helps enormously to break down the principal barrier between patient and physician, the concept that psychiatric treatment is only for "crazy people." The experience of our armed forces has demonstrated how readily the average man will forget his prejudices when psychiatry is presented as an integral part of medical practice.

The functions of the community clinic in mental health education, however, go far beyond this passive role. By virtue of their personal contact with patients and their families, and their close relationship with other community agencies, the staff members are in an excellent position to contribute to a more general understanding of the principles of mental hygiene. The psychiatric social workers, as the field representatives of the clinic, can be particularly useful in this way. They should stand ready, in addition to carrying on their casework, to advise any and all groups dealing with children or with maladjusted individuals of whatever age, pointing out the influences which contribute to faulty adjustment, the danger signals to be looked for, and the value of prompt and competent treatment. And fundamentally, of course, it is their responsibility to teach the patient's family and associates how to avoid further disturbing situations. By giving them a realistic picture of the nature of his illness, they help to dispel the atmosphere of bewilderment and apprehension which so often complicates his readjustment.

In other fields, as well, the special usefulness of these clinics will depend largely upon the services of the psychiatric social workers. Their work will not only aid the psychiatrist in understanding the individual patient, but will also play an important part in the development of the public health approach to mental illness as a community problem. Devoting their attention to one particular area, the caseworkers will have an unusual opportunity to become intimately acquainted with the causes at work in the community as a whole. Approaching the problem from the public health point of view, on the alert to discover social influences common to the individual cases with whom they deal, they will be in a position to make valuable contributions. For the discovery of even a few common factors would be a step as great as any yet made in the progress of psychiatry.

We must admit, in all honesty, that our present resources in pre-

ventive work and case-finding are uncomfortably slender. With the exception of those mental disorders which are known to be due to specific organic disease, we can seldom do much beyond waiting for the condition to become serious enough so that it will be brought to us for treatment. When we speak of prevention, we are usually referring to the prevention—more accurately, the arresting or cure—of the more advanced forms of mental disease. Mental health education can modify popular attitudes toward mental illness, and can teach people to recognize early symptoms and to seek treatment. However, we cannot make every parent into a psychiatrist. Many aspects of mental hygiene are too complex to be formulated into simple rules adapted to mass education. A better understanding of the part played by the environment would help us greatly in carrying on true preventive work in a public health sense.

Case-finding would benefit similarly from advances in this approach. We have made progress in simplifying and standardizing our testing procedures, but we have yet to develop anything remotely comparable to the blood test, the small-film X-ray, or the electrocardiogram in adaptability to mass surveys. Our methods are still too time consuming, too dependent upon exhaustive, expert appraisal of the individual case, to be feasible except with small, selected groups. Since we must usually wait for the development of obvious symptoms, we do not see most of our patients until extensive, and often permanent, damage has been done. The clinic, to be sure, has an enormous advantage over the mental hospital in this respect. However, every week that passes before treatment is begun sees the abnormal mechanisms more deeply ingrained. Mental illness feeds upon itself, creating additional difficulties which, in turn, accelerate the disease process. Since we cannot screen whole populations, we are in urgent need of techniques for selecting especially susceptible groups of a size small enough to permit adequate study. The identification of significant environmental influences would seem to offer the best hope of success.

Another highly important function of the clinic, and again one which must depend largely upon the services of the caseworker, is the conduct of follow-up studies of patients discharged from mental hospitals. Many patients are now retained in the hospital only because it is impossible to arrange for competent supervision in their home communities. This results in unnecessary crowding of our overburdened institutions, and unnecessary postponement of the patient's ultimate

readjustment to society. Psychiatrists recognize that prolonged hospitalization has serious consequences, but they cannot take the risk of discharging the patient without supervision until they can be reasonably certain that his improvement is permanent. It has been estimated that some 20 percent of all institutionalized patients could safely be released in a relatively short time if follow-up service were generally available.

We have, then, a fairly clear blueprint for the scope and operation of the community clinic, not only in its basic function of providing out-patient service for patients with incipient or mild conditions, but in other important fields of activity. There remain, nevertheless, certain problems for which no good answers have as yet been found.

In terms of the broad problems of public mental health, what should be the scope and the limitations of the duties of the psychiatric social workers? How far should they go in giving advice? Should they be given some therapeutic responsibilities, or should they confine themselves to fact-finding? Can they carry on all or a part of their activities without supervision, or must they work only as members of the clinical team?

This question of independent responsibility is of pressing importance when we consider ways and means of providing mental health services in sparsely populated areas. Coverage can be considerably extended by the use of traveling clinics which serve a circuit of small communities at regular intervals. Proper standards of treatment require, however, that the clinic should be held at least one day in every two weeks in a given locality, and there are many areas of low population density which cannot be adequately served in this manner by a single team. Can we, then, extend our range by assigning psychiatric social workers to areas beyond the reach of the team as a whole? Or would we be defeating our own purposes by spreading our professional personnel too thin? If this is the case today, should we attempt to establish special standards of training and professional experience to qualify certain personnel for independent duty?

It seems clear that our best efforts will, for some time to come, fall far short of meeting the demands of a nation-wide mental health program. What, then, should be our policy in the meantime? Must the development of the program be scaled to the rate at which fully trained personnel become available, or can we supplement their services, at

least on an interim basis, by the use of auxiliary personnel of one kind or another? Certainly we must make every effort to free our professional people of routine clerical duties which do not require special training. The question is whether or not we can make use, in the professional field, of aides working under complete or partial supervision. Are there duties which such aides could perform, perhaps after limited training? The nature and extent of their training is also a matter to be considered with care. On the one hand, the burden of supervising inadequately trained aides might well cancel out the benefits; while at the other extreme, it would seem unwise to devote too much time to subprofessional training, when a little more might bring it up to the professional level.

We must give serious consideration also to the role to be played by the public health nurse in the mental health program. Can we afford, with personnel at a premium, to maintain rigid distinctions between the two fields of activity? Both groups act as contact representatives of the clinic, both have entree to the home, and both are directly concerned with individual and social problems of mental hygiene. We must, in so far as possible, avoid any duplication of effort. Each group has, in practice, been called upon at times to perform some of the duties of the other. Just as we must examine the possibility of assigning therapeutic duties to the psychiatric social worker, we must also consider whether or not we can use the public health nurse, with some training in psychiatry and in social work, to fill some of the gaps in our casework program until we can train the large numbers of people needed in both fields.

A national program has already been approved by the House of Representatives. We have every reason for confidence in the effectiveness of this program in helping to develop adequate mental health services throughout the country. Yet the demand for trained personnel far exceeds the supply, and will continue to do so for many years. We must do everything in our power to obtain fully trained personnel for each phase of our activities. We must strive to apply the highest standards of training, organization, and operation. It seems inevitable, however, that we shall have to make certain compromises in order to get the program under way.

These three general questions then, must be answered: First, how can we plan most effectively for the training of large numbers of psychiatric social workers? Second, what should be the scope, functions,

and limitations of the social worker in the mental health program, particularly with reference to independent responsibility? And third, what additional personnel can we use to supplement the services of the relatively small numbers of professionally trained psychiatric social workers who will be available to carry out this program?

STATE CONTRACEPTIVE SERVICES IN NORTH CAROLINA

By George M. Cooper, M.D., and George H. Lawrence

FROM TIME TO TIME those of us most directly concerned in the establishment during 1937 of contraceptive services as a part of the maternity and infancy program of the North Carolina Department of Public Health have been asked, especially by persons from other states, "How did you manage actually to get such a program?" The few articles written concerning this phase of public health work in North Carolina have either been descriptive, or have stressed particular medical implications. They contain only meager mention of antecedents and do not list or analyze the processes which were involved.

We shall attempt, therefore, first, to present a concise statement of the actual happenings which culminated in the undertaking of this work, March 15, 1937, by the State Department of Public Health; and second, to analyze the processes used from the standpoint of determining what, if any, pattern of social action has been indicated.

As is usually true with any significant social and health gains the underlying factors of the contraceptive program date back many years, and it would indeed be difficult to point to any one meeting, action, or occurrence concerning which we could definitely state "here is the real beginning." After a period of ten years as a practicing physician in North Carolina one of the writers of this article became a member of the staff of the State Department of Public Health where he has served in many capacities since 1915. His day-to-day experience with maternity and infancy health problems increasingly convinced him that contraceptive services constituted an essential part of a properly balanced public health program. In his various contacts with other public health officials he found a goodly number who held similar opinions. For a period of more than twenty years, when it was one of his responsibilities to answer medical correspondence for the State Board of Health, he received many hundreds, if not thousands, of pathetic letters from North Carolina women

presenting their health problems relating to child bearing. The other author has been engaged in public welfare in North Carolina since 1919 and for a dozen years was a county superintendent of public welfare. He too became convinced by his years of experience with clients that a contraceptive program was badly needed and would be welcomed by a large number of underprivileged North Carolina people. At informal meetings with other public welfare officials he also found many who were equally interested. During the latter 1920s, therefore, there was a gradually developing opinion among a considerable number of public health and public welfare officials in favor of a contraceptive program.

By 1932 related problems of unemployment and health reached such a magnitude as to cause much public concern among increasing numbers of citizens, and especially among public leaders. State, county, and municipal officials in addition to legislators were forced to give greater attention to these problems. The time seemed appropriate to take a stand on the then controversial issue of birth control. At a meeting of the Association of Superintendents of Public Welfare, held at Durham in April, 1932, as an affiliated group of the North Carolina Conference for Social Service, a general resolution favoring birth control was unanimously adopted with much enthusiasm. At a meeting of the Conference as a whole, a similar resolution was adopted. The president of the Conference, a county superintendent of public welfare, devoted her presidential address to the desirability of having "a better born child" and "every child a wanted child." It should be noted that the North Carolina Conference for Social Service is not a state conference of social workers but rather a lay organization composed of men and women from many walks of life who are interested in the general welfare of North Carolina.

During the early part of 1935, responding to the stimulation of a field representative from the American Birth Control League, a group of interested people met to consider what action could be undertaken. It was decided to form a statewide organization to be known as the North Carolina Maternal Health League. In connection with the 1935 meeting of the Conference for Social Service the framework of such an organization was set up. Both authors of this paper were active in this connection; one was made president, and the other was heavily relied upon as a member of the executive committee. But this organization was in reality very nebulous; in several respects it dif-

ferred from the more typical form of state league usually advocated by the American Birth Control League. Its membership was almost entirely composed of public health and public welfare workers whose personal abilities to contribute or raise funds were negligible. It could not figure out any workable statewide program which it could conduct. Actually, about all it did was to constitute a loosely organized framework of opinion in favor of a contraceptive program when and if one could be secured. It discarded, for two practical reasons, the idea of trying to raise sufficient private funds to set up and operate one or more clinical centers. First, the state situation clearly indicated that the greatest need for contraceptive services was among the relatively underprivileged, which in North Carolina means largely a scattered rural population plus industrial workers who for the most part are located in many textile centers. How could any privately sponsored program really reach those most in need of such services? The North Carolina Maternal Health League's answer was that it simply could not see any worth-while prospects in that direction. The second reason was that even if some start could be made with a privately sponsored program, no one connected with the new organization could predict how the money could be secured. So, aside from an occasional meeting of a relatively small number of people in order to sustain an active interest, the League did little beyond maintain a policy of watchful waiting.

In November, 1936, the threat of the old Comstock Act was removed by action of the United States District Court of Appeals. This act had previously been interpreted as preventing the use of the postal service as a channel for disseminating any contraceptive information. Even though North Carolina has never had any legislation for or against birth control it was generally assumed that any attempt to establish a contraceptive program would be at least hampered by the Comstock Act.

Within a couple of months after this Federal limitation had been removed an offer of sufficient financial support to employ an experienced nurse was made by Dr. Clarence J. Gamble, a physician from another state who had become greatly interested in the developments in North Carolina. This offer was made to the director of the public health maternity and infancy program, the nurse to be used in any way he thought best. He immediately called together a few of the most active members of the League, and it was unanimously agreed

that the offer should be accepted. In order to provide him with ammunition to assist in securing the approval of the state health officer and members of the State Board of Public Health it was agreed that in the event the offer should be rejected, the Maternal Health League would negotiate with the donor to the end that the services of the nurse might be secured for the League. It is believed that this suggested alternative had a favorable bearing upon the situation, for the thought of a contraceptive program administered by a lay private organization whose membership contained several "fanatical social workers" was certainly viewed with horror by some of the most competent public health officials.

And so in March of 1937 the nurse was employed within the State Department of Public Health. Some few years previously she had been employed as a public health nurse in North Carolina but more recently had spent considerable time with a privately sponsored birth control program elsewhere. At the initiation of this work it was agreed that there would be no publicity releases by either the Department of Public Health or the Maternal Health League until the program had a chance to become established. It was believed that such a policy would avoid the possibility of widespread controversy. Only those county health departments which were known to be interested would be offered services and then only with the approval of local units of the State Medical Association.

A year later thirty-six of the state's local health units had requested contraceptive services. In March, 1946, exactly nine years after its beginning, all but nine of the ninety-three counties with organized public health services were participating in this program; in addition, all the five separate city public health units participated. Seven of the state's counties as yet have no organized public health program. In eight of the nine units not offering contraceptive services the only preventing reason is the extreme shortage of public health personnel. Only one county health officer in the entire state definitely opposes this work.

There has been absolutely no effort at coercion, either in the direction of forcing local health officials to include contraceptive services in their public health programs or of requiring any individuals to use such services. The program has simply been offered by the state to the local health units, and they, in turn, use it as an available resource for married individuals who wish it. During the nine years of

this work there has been a minimum of publicity within the state. Among the informational and instructional printed and mimeographed material handled within medical and public health circles it has, of course, been referred to many times. News items and comments by the press, although favorable, have been few. The whole point of emphasis has been that contraceptive services administered under sound medical direction constitute a necessary, but unsensational, part of a well-balanced maternity and infancy public health program. It is merely making available to the less privileged the same sort of facility which has been easily obtainable for many years to those who are more privileged. By contrast with the unreliable and often injurious information and appliances secured from the back alleys, the rear rooms of drugstores, and the filling stations, this program is out in the sunlight as a regular part of the maternity clinic services.

And now, let us analyze the foregoing in terms of social action process. From the standpoint of the main objective of social action, it would seem that the developments in North Carolina with respect to the contraceptive program fully meet the requirements. To secure a form of health service previously not available to the low-income segment of the population surely is an effort to "get wrongs righted." But beyond that, the actual occurrences in North Carolina do not seem to fit into the standard pattern. It was not so much a situation in which an outside promotional group brought pressure to bear upon the State Department of Public Health as it was the outcome of a long process resulting in the activated convictions of a goodly number of public officials of the inner group. It is true that at the outset private funds were used when it was highly improbable that public funds could be secured. Also, the Maternal Health League had some nominal characteristics of an outside pressure group; however, as previously indicated, it was little more than the means of bringing together several health and welfare officials whose ideas were similar. The League itself was never strong enough as an organization to be of any great force, but the public officials aligned with it certainly were most responsible for the establishment of the program.

In relation to the standard steps of social action there was definitely no deliberate study made of fact-finding or of interpretation of need. The public officials concerned had from their own experiences convinced themselves beyond any question as to the main facts and the

widespread need. They were well aware of the high birth rate and the high maternal and infancy death rates. They knew from first-hand experience that large families and low incomes usually go together. They had seen countless instances of sickness, dependency, poverty, and death resulting from the lack of child spacing.

Presumably, the generally recognized step of "mobilizing public opinion" was not involved in its usual sense. Mobilizing the opinion of the inner group was certainly a factor, but, contrary to the more orthodox procedure, the usual forms of publicity were deliberately shunned. It was assumed, probably correctly, that a campaign of newspaper publicity would arouse the fanatics pro and con to the point where reason would be sublimated to noisy emotionalism.

The final step, "stimulation of legislative or other formalized action," is not clearly illustrated because the action was mainly by the inner group under the stimulation of its own convictions. But let it not be supposed that action was always easy and that there were no obstacles to overcome. Although there was little difference of opinion as to the facts and the needs, there were some whose timidity and fears of opposition had to be overcome.

The social action process typically involves issues concerning which there is definite controversy to an extent not amenable to the usual community organization process of resolving differences around the council table. Perhaps too often it is assumed that the only possible tactics involve a knock-down fight and that by defeating the opposition the winner takes all. To avoid the overt controversy and to proceed cautiously through established channels may prove to be the more effective strategy.

APPENDIXES .

APPENDICES

APPENDIX A: BUSINESS ORGANIZATION OF THE CONFERENCE FOR 1946

OFFICERS

President: Kenneth L. M. Pray, Philadelphia
First Vice President: Arlien Johnson, Los Angeles
Second Vice President: Paul T. Beisser, St. Louis
Third Vice President: Sanford Bates, Trenton, N.J.
Treasurer: Arch Mandel, New York
General Secretary: Howard R. Knight, Columbus, Ohio

EXECUTIVE COMMITTEE

Ex officio: Kenneth L. M. Pray, President; Arlien Johnson, First Vice President; Paul T. Beisser, Second Vice President; Sanford Bates, Third Vice President; Ellen C. Potter, M.D., Past President; Arch Mandel, Treasurer

Term expiring 1946: Mildred Arnold, Washington, D.C.; Harry M. Carey, Boston; Lucy P. Carner, Chicago; Elizabeth Cosgrove, Washington, D.C.; Ralph G. Hurlin, New York; Leonard W. Mayo, Cleveland; Frances Tausig, New York. *Term expiring 1947:* Maude T. Barrett, Washington, D.C.; Harry M. Cassidy, Toronto, Canada; Rudolph T. Danstedt, St. Louis; Mary B. Holsinger, Albany, N.Y.; Helen R. Jeter, Washington, D.C.; Lillian J. Johnson, Seattle; Elizabeth S. Magee, Cleveland. *Term expiring 1948:* Elsa Castendyck, Washington, D.C.; Stanley P. Davies, New York; Ruth Gartland, Pittsburgh; Helen W. Hanchette, Cleveland; Robert P. Lane, New York; George W. Rabinoff, Chicago; Wilma Walker, Chicago

CONFERENCE COMMITTEES

COMMITTEE ON NOMINATIONS

Chairman: Ruth Smalley, Pittsburgh
Term expiring 1946: Ralph Bennett, Columbus, Ohio; Samuel Gerson, St. Louis; Frank Z. Glick, Lincoln, Nebr.; Anna E. King, New York; Robert F. Nelson, Indianapolis; Ruth Smalley, Pittsburgh; Anna D. Ward, Baltimore. *Term expiring 1947:* Rollo Barnes, Boston; Fern L. Chamberlain, Pierre, S.Dak.; Genevieve Gabower, Washington, D.C.; Beth Muller, Chicago; Edith Dumont Smith, Omaha, Nebr.; Emil M. Sunley, Morgantown, W.Va. *Term expiring 1948:* Bernice Bish, Kansas City, Mo.; Rev. John J. Donovan, New York; Edward S. Lewis, New York; Bleecker Marquette, Cincinnati, Ohio; Bernard A. Roloff, Pittsburgh; John Slawson, New York; Nellie L. Woodward, San Francisco

COMMITTEE ON PROGRAM

Ex officio: Kenneth L. M. Pray, Philadelphia, Chairman; Ellen C. Potter, M.D., Trenton, N.J.; Howard R. Knight, Columbus, Ohio
Term expiring 1946: Myron Falk, Baton Rouge, La.; Helaine Todd, Washington, D.C. *Term expiring 1947:* Leah Feder, Pittsburgh; K. L. Messenger, Rochester, N.Y. *Term expiring 1948:* Edgar M. Gerlach, New York; Sue Spencer, New York. *Section Chairmen:* Esther E. Twente, Lawrence, Kans.; Eva Burmeister, Milwaukee, Wis.; Frederick R. Johnson, Detroit; Ollie Randall, New York; Gertrude Wilson, Pittsburgh; John B. Dawson, Philadelphia; Louis Towley, St. Paul, Minn.; Ruth E. Lewis, St. Louis, Mo.; Elizabeth Ross, Philadelphia; Joseph P. Tufts, Dallas, Texas; Arthur E. Fink, Chapel Hill, N.C.; Arthur Dunham, Detroit

COMMITTEE ON TIME AND PLACE

Chairman: Grace A. Browning, Indianapolis
Term expiring 1946: William H. Bartlett, Washington, D.C.; Grace A. Browning, Indianapolis; Norman B. Finch, Toledo, Ohio; Albert H. Jewell, Kansas City, Mo.; Oscar W. Kuolt, Rochester, N.Y.; Claire McCarthy, Richmond, Va.; Mary B. Stotsenburg, Louisville, Ky. *Term expiring 1947:* Lucia J. Bing, Cleveland; Marie Duffin, New York; Marcel Kovarsky, St. Louis, Mo.; Ralph J. Reed, Portland, Oreg.; Harold F. Strong, Dobbs Ferry, N.Y.; Louis Towley, St. Paul, Minn.; Creed Ward, Cleveland. *Term expiring 1948:* Reba E. Choate, Nashville, Tenn.; Cecile Hillyer, Washington, D.C.; Elizabeth L. Holbrook, Boston; Mary F. McKeever, Tulsa, Okla.; W. E. Stanley, Durham, N.C.; Terrance L. Webster, Columbus, Ohio; William R. Westwood, Tilton, N.H.

COMMITTEE ON INTERNATIONAL CONFERENCE OF SOCIAL WORK

Chairman: Fred K. Hoehler, Chicago
Charles Alspach, Washington, D.C.; Joseph Anderson, New York; Frank J. Bruno, St. Louis, Mo.; Grace L. Coyle, Cleveland; Michael M. Davis, New York; Harry Greenstein, Baltimore; Jane M. Hoey, Washington, D.C.; Mary E. Hurlbutt, New York; Arlien Johnson, Los Angeles; Dorothy C. Kahn, New York; M. J. Karpf, Los Angeles; Hertha Kraus, Bryn Mawr, Pa.; Katharine F. Lenroot, Washington, D.C.; James L. Nicholson, Washington, D.C.; Kurt Peiser, Philadelphia; Walter W. Pettit, New York; Ellen C. Potter, M.D., Trenton, N.J.; Kenneth L. M. Pray, Philadelphia; George W. Rabinoff, Chicago; Howard Russell, Chicago; G. Howland Shaw, Washington, D.C.; William F. Snow, M.D., New York; Frances Taussig, New York; Mary van Kleeck, New York; Forrester B. Washington, Atlanta, Ga.; Benjamin Youngdahl, St. Louis, Mo.; Howard R. Knight, Columbus, Ohio

ORGANIZATION OF SECTIONS

SECTION I. SOCIAL CASEWORK

Chairman: Esther E. Twente, Lawrence, Kans.

Term expiring 1946: Amy W. Greene, Baltimore; Inabel Burns Lindsay, Washington, D.C.; Lena Parrott, Augusta, Maine; Ethel Verry, Chicago; Henry L. Zucker, Cleveland. *Term expiring 1947:* Rae Carp, Cleveland; Lucile L. Chamberlin, Washington, D.C.; Commander Richard Chappell, Washington, D.C.; Nelle Lane Gardner, Pittsburgh; Ann P. Halliday, Philadelphia; Lucile Ahnawake Hastings, Chicago. *Term expiring 1948:* Florence M. Mason, Cleveland; Mazie F. Rappaport, Baltimore; Audrey F. Sayman, New Orleans; Bernice E. Scroggie, Washington, D.C.; Marjorie J. Smith, Vancouver, B.C., Canada

SECTION II. CHILD CARE

Chairman: Eva Burmeister, Milwaukee, Wis.

Vice Chairman: Marguerite Gauchat, Canton, Ohio

Term expiring 1946: Henrietta Gordon, New York; Helen T. Kingsbury, Baltimore; Shirley Leonard, New York. *Term expiring 1947:* Geraldine C. Graham, Louisville, Ky.; Louise Griffin, Indianapolis; Lola D. Plummer, Nashville, Tenn. *Term expiring 1948:* Charles L. Burt, Providence, R.I.; Paul Schreiber, Baltimore; Mildred Terrett, Washington, D.C.

SECTION III. DELINQUENCY

Chairman: Fred R. Johnson, Detroit

Vice Chairman: Austin MacCormick, New York

Term expiring 1946: Jessie F. Binford, Chicago; T. R. Fulton, Washington, D.C. *Term expiring 1947:* Edna Mahan, Clifton, N.J.; Rhoda J. Milliken, Washington, D.C.; William T. Squire, Hartford, Conn. *Term expiring 1948:* A. G. Fraser, Philadelphia; G. Howland Shaw, Washington, D.C.; Herbert D. Williams, Orange County, N.Y.

SECTION IV. THE AGED

Chairman: Ollie A. Randall, New York

Vice Chairman: Martha A. Chickering, Carmel, Calif.

Term expiring 1946: Josephine C. Brown, Washington, D.C.; Mrs. Margaret S. Collins, Scranton, Pa.; Virginia C. Frank, Chicago. *Term expiring 1947:* Mrs. Marjorie H. Jones, Fairmont, W.Va.; Lillie Peck, New York; J. M. Wedemeyer, Olympia, Wash. *Term expiring 1948:* Evelyn McKay, New York; Mrs. Lucille M. Smith, Washington, D.C.; Margaret W. Wagner, Cleveland

SECTION V. SOCIAL GROUP WORK

Chairman: Gertrude Wilson, Pittsburgh

Vice Chairman: Walter Kindelsperger, New Orleans

Term expiring 1946: William H. Bartlett, Washington, D.C.; Laura M. McKeen, Santa Barbara, Calif.; Helen U. Phillips, Philadelphia; Mrs. Paul Rittenhouse, New York; Douglas E. H. Williams, Ann Arbor, Mich.
Term expiring 1947: Elizabeth Baker, Montclair, N.J.; Louise Parrott Cochran, New York; Leah K. Dickinson, Washington, D.C.; Fritz Redl, Detroit; Walter L. Stone, Nashville, Tenn.
Term expiring 1948: Vilona Cutler, Oklahoma City; W. T. McCullough, Cleveland; John C. Neubauer, San Francisco; Elizabeth V. Thomas, Vancouver, B.C., Canada; Edith I. Yeomans, Hartford, Conn.

SECTION VI. COMMUNITY ORGANIZATION AND PLANNING

Chairman: John B. Dawson, Philadelphia

Vice Chairman: Lyman S. Ford, New York

Term expiring 1946: Linn Brandenburg, Chicago; Louis W. Horne, Lincoln, Nebr.; Virginia Howlett, Philadelphia; Louise A. Root, Milwaukee, Wis.; T. Lester Swander, San Antonio, Texas.
Term expiring 1947: Whitcomb H. Allen, San Antonio, Texas; Lorne W. Bell, Honolulu, Hawaii; Mrs. W. T. Bost, Raleigh, N.C.; Eva Hance, San Francisco; Mrs. R. A. Thorndike, Bar Harbor, Maine.
Term expiring 1948: Richard S. Bachman, Detroit; Leila G. Johnson, Columbia, S.C.; R. Maurice Moss, Pittsburgh; Leroy A. Ramsdell, Hartford, Conn.; Ralph J. Reed, Portland, Oreg.

SECTION VII. PUBLIC WELFARE

Chairman: Louis Towley, St. Paul, Minn.

Vice Chairman: Emil Frankel, Trenton, N.J.

Term expiring 1946: Amy B. Edwards, Vancouver, B.C., Canada; John F. Hall, Seattle; A. E. Howell, Boston; J. Milton Patterson, Baltimore; James Hoge Ricks, Richmond, Va.
Term expiring 1947: Isabel M. Devine, Miami Beach, Fla.; Selene Gifford, Washington, D.C.; May O. Hankins, Richmond, Va.; Maria P. Rahn, Rio Piedras, Puerto Rico; Nadia Thomas, Kansas City, Mo.
Term expiring 1948: Ruth Bowen, Lansing, Mich.; H. E. Chamberlain, M.D., Sacramento, Calif.; Mrs. Catherine M. Manning, Rochester, N.Y.; Harry O. Page, Albany, N.Y.; Howard L. Russell, Chicago

SECTION VIII. HEALTH

Chairman: Ruth E. Lewis, St. Louis

Vice Chairman: Michael M. Davis, New York

Term expiring 1946: Metta Bean, Milwaukee, Wis.; Hazel M. Halloran,

New York; Mrs. Barbara Bailey Hodges, Washington, D.C. *Term expiring 1947*: Anne E. Geddes, Washington, D.C.; Irene Grant, Washington, D.C.; Philip D. Wilson, M.D., New York. *Term expiring 1948*: Flora E. Burton, Tewksbury, Mass.; Dorothy Deming, New York; Martha M. Eliot, M.D., Washington, D.C.

SECTION IX. MENTAL HEALTH

Chairman: Elizabeth H. Ross, Philadelphia

Term expiring 1946: George E. Gardner, Boston; E. L. Johnstone, Woodbine, N.J.; Jeanette Regensburg, New Orleans. *Term expiring 1947*: Ruth Lloyd, Boston; Lila McNutt, Madison, Wis.; Miss Lee L. Yugend, Alexandria, Va. *Term expiring 1948*: George Pratt, M.D., New York; Mary E. Rall, Chicago; Mrs. H. C. Solomon, Boston

SECTION X. INDUSTRIAL AND ECONOMIC PROBLEMS

Chairman: Joseph P. Tufts, Dallas, Texas

Vice Chairman: Abraham Bluestein, New York

Term expiring 1946: Herbert Aptekar, New York; Marion Hathway, Pittsburgh; Hertha Kraus, Bryn Mawr, Pa. *Term expiring 1947*: John A. Fitch, New York; Lester B. Granger, New York; Frederick J. Soule, Roxbury, Mass. *Term expiring 1948*: Ewan Clague, Washington, D.C.; Myron Falk, Baton Rouge, La.; Mrs. Hasseltine Byrd Taylor, Berkeley, Calif.

SECTION XI. METHODS OF SOCIAL ACTION

Chairman: Arthur E. Fink, Chapel Hill, N.C.

Vice Chairman: Howard E. Jensen, Durham, N.C.

Term expiring 1946: Donald S. Howard, New York; Major Alvin R. Guyler, United States Army (overseas); Edward M. Kahn, Atlanta, Ga.; Robert H. MacRae, Detroit; George D. Nickel, Los Angeles. *Term expiring 1947*: Helen A. Brown, Louisville, Ky.; Eveline M. Burns, Orange County, N.Y.; Edward S. Lewis, New York; Alton A. Linford, Chicago; Bertha C. Reynolds, New York. *Term expiring 1948*: Louise C. Odenrantz, New York; Masao Satow, Milwaukee, Wis.; Gustav L. Schramm, Pittsburgh; Arthur L. Swift, Jr., New York; Helen J. Witmer, Northampton, Mass.

SECTION XII. ADMINISTRATION

Chairman: Arthur Dunham, Detroit

Vice Chairman: Mary W. Rittenhouse, Oak Ridge, Tenn.

Term expiring 1946: Blythe White Francis, Los Angeles; H. L. Lurie, New York; Guy Thompson, Tacoma, Wash. *Term expiring 1947*: Ethel Cohen, Boston; Ralph A. Uihlein, Milwaukee, Wis.; Marian L. Voges, New York. *Term expiring 1948*: Gertrude Binder, New York; Virginia Howlett, Philadelphia; Clare M. Tousley, New York

APPENDIX B: MINUTES OF THE BUSINESS SESSIONS OF THE CONFERENCE

Thursday, May 23, 1946: Annual Business Meeting

There being a quorum present, the President, Mr. Kenneth L. M. Pray, called the meeting to order.

The report of the Committee on Nominations was presented by the General Secretary in the absence of the chairman. He reported the nominations for officers and for the Executive Committee of the Conference and for chairmen and vice chairmen of the twelve Sections and for the Committee on Nominations. The nominations for Section Committee members were posted on the bulletin board and published in the July *Bulletin*. The committee report is as follows:

The Committee on Nominations respectfully submits the following nominations for office in the National Conference of Social Work for 1947:

President: Leonard W. Mayo, Dean, School of Applied Social Sciences, Western Reserve University, Cleveland; *First Vice President:* Irene Farnham Conrad, Executive Secretary, Council of Social Agencies, Houston, Texas; *Second Vice President:* Wayne McMillen, Professor, School of Social Service Administration, University of Chicago, Chicago; *Third Vice President:* Neva R. Deardorff, Assistant Executive Director, Welfare Council of New York, New York

Members of the Executive Committee: Seven to be elected. Frederick H. Allen, M.D., Director, Child Guidance Clinic, Philadelphia; Mary E. Austin, Chief, Field Division, Bureau of Public Assistance, Social Security Board, Washington, D.C.; Lucille Batson, Executive Secretary, Children's Bureau, Indianapolis Orphan Asylum, Indianapolis; William W. Burke, Professor of Social Work, School of Social Work, Washington University, St. Louis, Mo.; Marion Hathway, Professor of Public Welfare, University of Pittsburgh, Pittsburgh; Faith Jefferson Jones, Dean of Women, Hampton Institute, Hampton, Va.; Anna E. King, Dean, Fordham University School of Social Service, New York; Louis Kraft, Executive Director, National Jewish Welfare Board, New York; Russell H. Kurtz, Editor, *Social Work Year Book*, and Assistant General Director, Russell Sage Foundation, New York; Joseph L. Moss, Director, Cook County Bureau of Public Welfare, Evanston, Ill.; Malcolm S. Nichols, Director, Family Welfare Society, Boston; Earl N. Parker, Assistant General Director, Family Welfare Association of America, New York; Emma C. Puschner, National Director, American Legion National Child Welfare Division, Indianapolis; Margaret D. Yates, Executive Secretary, Dallas Council of Social Agencies, Dallas, Texas

Members of the Committee on Nominations: Seven to be elected. Florence Adams, Executive Director, Community Chest, Birmingham, Ala.; Bernice Bridges, Executive Secretary, Associated Youth Servicing Organization, New York; James T. Brunot, Executive Director, War Relief Control Board, Washington, D.C.; Charles W. Gaughan, Secretary, Local Planning Organization, Greater Boston Community Council, Boston; Louise Griffin, Director, Children's Division, State

Department of Public Welfare, Indianapolis; Mary B. Holsinger, Executive Secretary, New York State Conference on Social Work, Albany, N.Y.; Rev. Lucian Lauerma, Director, National Catholic School of Social Service, Washington, D.C.; Marian Lowe, Assistant Professor, Graduate School of Social Work, University of Nebraska, Lincoln, Nebr.; Harry Lurie, Executive Director, Council of Jewish Federations, New York; J. Milton Patterson, Director, State Department of Public Welfare, Baltimore; Caroline de F. Penniman, Superintendent, Long Lane Farm, Middletown, Conn.; Bertha C. Reynolds, United Seamen's Service Representative, Personal Service Department, National Maritime Union, New York; Elizabeth Ross, formerly Secretary, War Office of Psychiatric Social Work, Philadelphia; Gertrude Wilson, Professor of Social Group Work, School of Applied Social Sciences, University of Pittsburgh, Pittsburgh

Respectfully submitted,

RUTH SMALLEY

Chairman, Committee on Nominations

At the close of the report the Secretary announced that under the provisions of the Constitution and By-laws the report was not subject to action from the floor but that any group of twenty-five Conference members could submit additional nominations by petition, providing they were filed in the Conference office not later than December 31, 1946.

The report of the Committee on Time and Place was called for and was presented by the chairman, Grace Browning, of Indianapolis, as follows:

The Time and Place Committee of the National Conference of Social Work presents the following report for consideration of the Executive Committee and the Conference.

Recommendations are included, not only for the 1947 meeting, but also for the 1948 convention which will combine the Conference's seventy-fifth Anniversary and the proposed Fourth International Conference of Social Work. The present Time and Place Committee has acted on the 1948 convention because the only city in the United States which has adequate facilities to meet the tremendous needs of a potential attendance of 12,000 or more must be notified at the earliest possible moment.

The annual meeting of the National Conference of Social Work, in addition to being one of the largest conventions, is also one of the most complicated in its organization in the United States. The Conference requires facilities both in meeting rooms and hotel accommodations that are available in only five or six cities of the country.

The following factors have to be considered in selecting a place for it:

First to be considered is the area of the country and the cities within that area that presumably have the needed facilities. The plan of rotation among areas originally adopted was necessarily abandoned during the war. The desirable areas for 1947 and 1948, therefore, were determined by the Executive Committee. Our responsibility has been to find a city as far West as possible for 1947 and to consider the possibilities of a suitable Eastern location for the 1948 meeting. For future years a new order of rotation will be established by the Executive Committee in such a way as to make the annual meeting accessible to the largest number of the social work constituency over a period of years.

The second factor is that of adequate meeting rooms to house the meetings of

the Conference and its Associate Groups. The specific standard against which the facilities of a given city have to be compared includes one hall seating from four to six thousand persons, and more than fifty others classified by numbers and sizes ranging from seventy-five to three thousand seats. All must be within a reasonable focal point which is the Conference headquarters. In every city some meetings and the luncheons and dinners have to be held in the public space at hotels. The smaller the municipal auditorium available, the more meetings have to be placed in hotels. Although formerly space was made available without charge in hotels, they now charge for the use of this space. In any city where we would need to use a large amount of hotel space the sum total of rentals would be beyond our means on the basis of present fees.

A third factor is that of adequate hotel facilities. Prior to the war a city where hotel accommodations for from four to six thousand persons could be allotted for a convention would have a sufficient number of rooms to handle the Conference. Now, however, this capacity is inadequate because of larger Conference attendance and the fact that hotels will not allot as large a percentage of rooms for convention purposes. This is because of pressures from the traveling public and because of people living in hotels who cannot find homes. Our experience here in Buffalo is a vivid example of this problem and its importance.

In this connection we must recognize that in so far as hotels are concerned it is today a seller's market—not a buyer's market. In many cases they discourage conventions, and in any event they choose only those they want to take. This is likely to continue for several years. Obviously, we cannot hold an annual meeting without the hearty cooperation of the hotels.

The General Secretary of the Conference has recently visited the cities in the Far West that might be considered for the 1947 meeting and from which an invitation might be secured. He visited Denver, Portland, Los Angeles, and San Francisco. For various reasons involving some one or more of the factors outlined above, Denver, Los Angeles, and Portland are not available and cannot be considered.

Denver does not at present have enough meeting rooms that can be used, and its hotels do not have enough rooms that can be guaranteed for convention use. Denver expects several new hotels as soon as they can be built. They would like to be considered again, perhaps five years from now.

Los Angeles does not have a sufficient number of meeting rooms located near any central point. The hotels are overcrowded, and there is no immediate prospect of relief, due largely to the housing shortage. After consultation on these points and others involved, they do not wish to extend an invitation for 1947.

Portland, Oregon, has the same situation as Los Angeles and Denver. In fact they do not have the facilities to meet our minimum standards even in normal times.

This brings us to San Francisco. This city does have a good municipal auditorium and, within a few blocks, enough additional meeting halls to take care of our needs. The hotels have guaranteed sufficient rooms to take care of the estimated attendance that will need such accommodations. In fact, the Convention Bureau has assured us of twenty-five hundred to three thousand rooms, which is far in excess of what we have had here this year. The number of single rooms will be limited, but it is the general practice now to ask conventions to use double-occupancy rooms. Luncheon and dinner meetings may be held without discrimination, and all delegates are guaranteed accommodations in good hotels. Up to the

present time all hotels have not given us a no-discrimination agreement, but we already have under contract 1,000 rooms in hotels, including four Class A hotels which will receive guests without discrimination, and negotiations are continuing with the others. If these negotiations are not 100 percent successful it will mean that in order to serve the interests of our Negro members they would be asked to specify race so that they would be assigned only to hotels that have accepted a no-discrimination agreement.

San Francisco is already booked solid for all desirable dates in 1947 except the middle of April, a period on which we now hold an option.

The committee has considered possible alternatives to San Francisco, but it is clear from the information in hand that nothing else would be available in the West that could accommodate the Conference. The choice therefore seems to be narrowed to San Francisco or no 1947 meeting.

With regard to the 1948 meeting, Atlantic City seems to be the best, if not the only possible, site available. In 1936 and 1941 at Atlantic City the National Conference of Social Work was able to negotiate contracts with sufficient hotels to serve the entire Conference membership.

In view of the fact that the 1948 meeting will serve the International Conference as well as the National Conference of Social Work, and since Atlantic City is particularly adapted to meeting the needs of the anticipated huge attendance, and since Atlantic City conference schedules are being made out now for as far in advance as 1951, it is obvious that a decision must be made immediately.

At this time no non-discrimination guarantee can be secured from Atlantic City hotels. The committee felt a real concern about this. However, because of the necessity for choosing a site immediately, the Time and Place Committee requests the Executive Committee to assume the responsibility for negotiating the best possible arrangement for ample housing for all members of the Conference.

In view of the situation described above and subject to the conditions outlined, the Time and Place Committee recommends that the 1947 Conference be held in San Francisco and the 1948 Conference in Atlantic City.

Furthermore, because of our experience this year and the difficulties involved in finding suitable locations for 1947 and 1948, it is recommended that in order to protect the interest of the Conference the Executive Committee take immediate steps to make adequate arrangements for 1949 and 1950.

Respectfully submitted,

GRACE BROWNING,

Chairman, Committee on Time and Place

The General Secretary of the Conference sat with the Committee, and all members of the Time and Place Committee who were in attendance at the Conference approved the report.

Various members of the Conference, including Lester Granger, Alice Waldo, Hugh Gregory, Brigadier Chester Brown, O. T. Gilmore, Major Dunham, and Nimrod Allen spoke to the report. Upon motion duly made and seconded it was voted to amend the report by striking out the final sentence in the paragraph beginning, "This brings us to San Francisco."

Upon motion duly made and seconded, it was voted to approve the report as amended.

In the absence of the Treasurer, the Assistant Treasurer, Howard R. Knight, read the Treasurer's report and financial statements as presented herewith:

A treasurer's statement at the end of the first third of our fiscal year and prior to the annual meeting can only show our financial condition as of April 30 and our hopes for the balance of the year as based on our original estimates.

As of April 30, 1946, all bills were paid to date, and there was a cash balance in the bank of \$5,463.13. Our cash income, including the operating balance, was \$25,206.26. Total expenditures have been \$19,743.13. It is impossible to make any report on the annual meeting account because as this is written it is still before us. The attached statements give the details of the financial transactions for the first four months.

The Recapitulation and Forecast gives an estimate of the future prospects, based on our original budget estimates. It should be remembered, however, that the annual meeting is a very uncertain quantity as to attendance, and hence income, for various reasons which we all recognize.

The loyal support of Conference members during this uncertain and difficult year has been and will be greatly appreciated.

Respectfully submitted.

ARCH MANDEL,
Treasurer

NATIONAL CONFERENCE OF SOCIAL WORK FINANCIAL STATEMENTS

RECAPITULATION AND FORECAST

Receipts

Total Balance and Receipts, January 1-April 30, 1946:

Operating Account	\$25,146.26
Annual Meeting Account	60.00
Total actual receipts	\$25,206.26

Estimated Budget Receipts, May 1-December 31, 1946:

Operating Account	\$33,653.53
Annual Meeting Account	10,940.00
Total estimated receipts	\$44,593.53
Total Actual and Estimated Receipts	\$69,799.79

Expenditures

Total Expenditures, January 1-April 30, 1946:

Operating Account	\$17,372.47
Annual Meeting Account	1,770.03
Bill for 1945 <i>Proceedings</i>	600.63
Total expenditures	\$19,743.13

Estimated Budget Expenditures, May 1-December 31, 1946:

Operating Account	\$33,653.53
Annual Meeting Account	8,604.97
Total estimated expenditures	\$42,258.50
Total Expenditures and Estimated Budget Expenditures	\$62,001.63

OPERATING ACCOUNT, JANUARY 1, 1946-APRIL 30, 1946

Operating Balance, January 1 \$ 2,239.29

Receipts, Budget:

Memberships	\$21,251.82
Sales of <i>Bulletin</i>	19.50
Sales of <i>Proceedings</i>	351.02
Contributions	1,241.00
Refunds	43.63

Total receipts Operating Account	\$22,906.97
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Total receipts Annual Meeting Account	60.00
---	-------

Total receipts	22,966.97
----------------------	-----------

Total Receipts and Balance	\$25,206.26
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Expenditures, Budget:

Salaries	\$ 9,556.00
Travel	2,679.22
Printing	1,982.30
Postage	1,056.35
Supplies	338.16
Telephone and telegraph	298.01
Rent	400.00
Equipment and repair	377.15
Retirement	462.50
Miscellaneous	222.78

Total expenditures, Operating Account	\$17,372.47
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Total expenditures, Annual Meeting Account	1,770.03
--	----------

Bill for 1945 <i>Proceedings</i>	600.63
--	--------

Total Expenditures	\$19,743.13
--------------------------	-------------

Balance	\$ 5,463.13
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Functional Distribution of Expenditures:

General administration	\$ 7,092.74
Membership promotion	940.00
Program Committee	893.25
<i>Proceedings</i>	26.03
<i>Bulletin</i>	396.10
Office operation	7,399.07
Retirement	462.50
Other	222.78

Total	\$17,372.47
-------------	-------------

ANNUAL MEETING ACCOUNT, JANUARY 1, 1946-APRIL 30, 1946

Operating Balance, January 1 \$...

Receipts, Budget:

Attendance fees .....	...
Booths	60.00
Printing .....	...
Total receipts	\$60.00
Total Receipts and Balance	\$60.00

Expenditures, Budget:

Salaries	\$...
Travel	970.57
Printing	402.30
Supplies	37.50
Miscellaneous	359.66
Total expenditures	\$1,770.03
Due Operating Account	\$1,710.03

Functional Distribution of Expenditures:

General administration	\$ 808.07
Publicity and press service	602.30
Other	359.66
Total	\$1,770.03

BUDGET STATEMENTS

OPERATING ACCOUNT, JANUARY 1, 1946-APRIL 30, 1946

(Contains Only Net Receipts and Expenditures Properly
Credited and Charged to the 1946 Budget)

<i>Receipts:</i>	<i>Budget Estimate</i>	<i>Budget Receipts</i>	<i>Budget Difference</i>
Memberships	\$45,500.00	\$21,251.82	\$24,248.18
Attendance fees	3,300.00	...	3,300.00
Miscellaneous	3,000.00	1,655.15	1,344.85
Total	\$51,800.00	\$22,906.97	\$28,893.03
<i>Expenditures:</i>	<i>Allowed</i>	<i>Expended</i>	<i>Balance</i>
Salaries	\$25,440.00	\$ 9,556.00	\$15,884.00
Travel	6,550.00	2,679.22	3,870.78
Printing	12,100.00	1,982.30	10,117.70
Postage	1,900.00	1,056.35	843.65
Supplies	600.00	338.16	261.84
Telephone and telegraph	750.00	298.01	451.99
Rent	1,200.00	400.00	800.00
Equipment and repair	600.00	377.15	222.85
Retirement	1,386.00	462.50	923.50
Miscellaneous	500.00	222.78	277.22
Total	\$51,026.00	\$17,372.47	\$33,653.53

BUSINESS SESSIONS

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Functional Distribution of Expenditures:

General administration	\$16,000.00	\$ 7,092.74	\$ 8,907.26
Membership promotion	4,350.00	940.00	3,410.00
Program Committee	2,500.00	833.25	1,666.75
Proceedings	7,400.00	26.03	7,373.97
Bulletin	3,100.00	396.10	2,703.90
Office operation	15,790.00	7,399.07	8,390.93
Retirement	1,386.00	462.50	923.50
Other	500.00	222.78	277.22
Total	\$51,026.00	\$17,372.47	\$33,653.53

ANNUAL MEETING ACCOUNT, JANUARY 1, 1946-APRIL 30, 1946

(Contains Only All Net Items of Receipts and Expenditures Properly Charged to the 1946 Annual Meeting Account)

Receipts:	Budget Estimate	Budget Receipts	Budget Difference
Attendance fees	\$ 7,000.00	\$...	\$ 7,000.00
Booths	2,800.00	60.00	2,740.00
Printing	1,200.00	...	1,200.00
Total	\$11,000.00	\$ 60.00	\$10,940.00

Expenditures:	Allowed	Expended	Balance
Salaries	\$ 875.00	\$...	\$ 875.00
Travel	3,000.00	970.57	2,029.43
Printing	3,000.00	402.30	2,597.70
Postage	100.00	...	100.00
Supplies and equipment	1,900.00	37.50	1,862.50
Telephone and telegraph	300.00	...	300.00
Miscellaneous	1,200.00	359.66	840.34
Total	\$10,375.00	\$1,770.03	\$ 8,604.97

Functional Distribution of Expenditures:

General administration	\$ 3,100.00	\$ 808.07	\$ 2,291.93
Publicity and press service	2,075.00	602.30	1,472.70
Booths	1,500.00	...	1,500.00
Program and daily Bulletin	2,500.00	...	2,500.00
Other	1,200.00	359.66	840.34
Total	\$10,375.00	\$1,770.03	\$ 8,604.97

STATUS OF MEMBERSHIP

APRIL, 1946

Members	\$3.00	\$5.00	\$10.00	\$25.00	Total
Active:					
First Quarter	161	351	222	143	877
Second Quarter	493	1,220	240	101	2,054
Third Quarter	29	152	49	67	297
Fourth Quarter	50	126	122	85	383
Total	733	1,849	633	396	3,611

Delinquent:

First Quarter	19	42	7	3	71
Second Quarter	339	813	77	37	1,266
Fourth Quarter	4	5	6	...	15
Total	362	860	90	40	1,352
Grand Total	1,095	2,709	723	436	4,963

New:

First Quarter	10	36	5	2	53
Second Quarter	47	145	16	6	214
Total	57	181	21	8	267

Upon motion being duly made and seconded it was voted to approve the report of the Treasurer.

There being no further business and upon motion being duly made and seconded it was voted to adjourn.

Friday, May 24, 1946

The report of the Committee of Tellers was presented at the final General Session on Friday evening, May 24, as follows, these being the elected officers and members of the Executive Committee:

President: Arlien Johnson, Los Angeles

First Vice President: Robert P. Lane, New York City

Second Vice President: Ruth Gartland, Pittsburgh

Third Vice President: Kate McMahon, Boston

The candidates elected to the Executive Committee for a three-year term are: Paul L. Benjamin, Philadelphia; Florence Hollis, New York City; Margaret Johnson, Cleveland; Dorothy King, Montreal, Canada; Howard W. Odum, Chapel Hill, N.C.; Rev. Almon R. Pepper, New York; Helen R. Wright, Chicago

Respectfully submitted,

WILLIAM J. BLACKBURN
Chairman, Committee on Tellers

The results of the Section elections are printed in the July, 1946, *Bulletin* and will be found in the Business Organization of the Conference—Appendix B—printed in the *Proceedings*.

The Conference adjourned at 12:30 P.M., Saturday, May 25, 1946, to reassemble in San Francisco, California, April 13 to 19, 1947. The final registration at the Seventy-third Annual Meeting of the National Conference of Social Work was 4,513.

Respectfully submitted

HOWARD R. KNIGHT
General Secretary

APPENDIX C: AUDIT REPORT OF THE NATIONAL CONFERENCE OF SOCIAL WORK FOR THE YEARS 1942, 1943, 1944, AND 1945

COLUMBUS, OHIO, May 4, 1946

NATIONAL CONFERENCE OF SOCIAL WORK
COLUMBUS, OHIO

I have audited the accounts of the National Conference of Social Work for the past four years ending December 31, 1945, and am herein making report, attaching statement of cash receipts and disbursements as follows:

Statement in tabular form for the years 1942, 1943, 1944, and 1945.

The previous audit included the part of the year 1942 from January 1, to April 25, which is also included herein so as to show the full year.

There was no annual meeting in 1945, so there were no receipts and disbursements to report for this department.

Traveling expenses were not as much as shown in the statement of disbursements, because most of the "refunds" were refunds of advances for traveling expenses, the whole of the advance in each case having been charged to travel account.

The cash balance as at December 31, 1945, is located as follows:

Checking account in the Huntington National Bank	\$2,189.29
Reserve account in the Huntington National Bank	5,000.00
Petty cash in office	25.00
Postal deposit at Post Office	25.00
Total as per balance shown in statement	<u>\$7,239.29</u>

All cash receipts seem to have been properly and promptly recorded and deposited in bank, all payments being made by voucher check signed by the Assistant Treasurer. After careful audit, it is my opinion that this report correctly shows the cash transactions of the National Conference of Social Work for the years indicated, as well as the true balance at the end of each year.

Respectfully submitted,

A. L. PETERS, C.P.A.

**NATIONAL CONFERENCE OF SOCIAL WORK STATEMENT OF RECEIPTS AND
DISBURSEMENTS FOR THE YEARS 1942, 1943, 1944, AND 1945**

<i>Receipts:</i>	<i>1942</i>	<i>1943</i>	<i>1944</i>	<i>1945</i>
Memberships	\$35,356.42	\$32,725.62	\$36,034.07	\$34,848.79
Sales of the <i>Bulletin</i>	32.75	12.90	98.60	11.00
Sales of the <i>Proceedings</i>	2,260.29	2,067.59	2,566.57	2,650.71
Refunds	1,072.01	172.10	477.12	2,080.51
Miscellaneous	5.25	113.04	3.75	...
Attendance fees	1,258.00	2,546.00	2,248.00	...
Special contributions .....	...	2,266.50	361.00	4,224.21
Total Operating Fund receipts	\$39,984.72	\$39,903.75	\$41,789.11	\$43,815.22
Attendance fees	\$ 3,230.00	\$ 6,832.00	\$ 4,888.00	...
Booths	1,975.00	1,952.50	1,945.50	...
Printing	1,182.50	1,309.18	905.50	...
Miscellaneous	1,267.07	562.95	117.87	...
Contributions .....	...	419.69	...	...
Total Annual Meeting receipts	\$ 7,654.57	\$11,076.32	\$ 7,856.87	...
Total Receipts	\$47,639.29	\$50,980.07	\$49,645.98	\$43,815.22
Balance at Beginning of Year	6,031.48	3,225.31	7,736.38	9,233.22
Total Cash to Account for	\$53,670.77	\$54,205.38	\$57,382.36	\$53,048.44
<i>Disbursements:</i>				
Salaries	\$20,009.77	\$18,376.64	\$18,381.16	\$19,091.84
Traveling expenses	3,653.59	3,138.74	3,560.19	5,535.70
Printing	6,041.75	3,807.16	3,879.34	10,403.05
Postage	1,388.10	1,613.68	1,551.66	1,555.74
Supplies	561.79	262.06	651.75	588.02
Telephone and telegraph	383.65	629.41	644.41	726.97
Office rent	1,200.00	1,200.00	1,200.00	1,200.00
Equipment and repairs	576.48	365.58	154.56	190.25
Miscellaneous	739.05	875.04	611.47	558.48
Retirement reserve .....	...	...	...	304.40
Total Operating Fund disbursements .	\$34,554.18	\$30,268.31	\$30,634.54	\$40,154.45
Salaries	\$ 880.20	\$ 621.25	\$ 336.00	...
Traveling	3,573.06	3,603.27	2,493.06	...
Printing	2,776.58	2,107.22	2,388.50	...
Postage	71.60	74.12	45.37	...
Supplies	1,115.35	1,139.73	1,949.25	...
Telephone and telegraph	104.81	493.04	274.60	...
Miscellaneous	674.37	2,044.01	1,159.78	...
Rent .....	...	...	2,700.00	...
Total Annual Meeting Disbursements .	\$ 9,195.97	\$10,082.64	\$11,346.56	...
<i>Proceedings</i>	6,695.31	6,118.05	6,168.04	\$ 5,654.70
Total Disbursements	\$50,445.46	\$46,469.00	\$48,149.14	\$45,809.15
Cash Balance at End of Year	\$ 3,225.31	\$ 7,736.38	\$ 9,233.22	\$ 7,239.29

INDEX OF CONTRIBUTING AUTHORS

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**NATIONAL DEFENSE OF CHEMICAL WORK STATEMENT OF RESULTS
FOR THE YEAR 1941**

Category	1940	1941	1942
Manufacturing	1,000,000	1,200,000	1,500,000
Research and Development	500,000	600,000	700,000
Administration	200,000	250,000	300,000
Education	100,000	120,000	150,000
Public Health	100,000	120,000	150,000
Other	100,000	120,000	150,000
Total	2,000,000	2,400,000	2,900,000
Personnel	1,000,000	1,200,000	1,500,000
Materials	500,000	600,000	700,000
Equipment	200,000	250,000	300,000
Facilities	100,000	120,000	150,000
Other	100,000	120,000	150,000
Total	2,000,000	2,400,000	2,900,000
Personnel	1,000,000	1,200,000	1,500,000
Materials	500,000	600,000	700,000
Equipment	200,000	250,000	300,000
Facilities	100,000	120,000	150,000
Other	100,000	120,000	150,000
Total	2,000,000	2,400,000	2,900,000
Personnel	1,000,000	1,200,000	1,500,000
Materials	500,000	600,000	700,000
Equipment	200,000	250,000	300,000
Facilities	100,000	120,000	150,000
Other	100,000	120,000	150,000
Total	2,000,000	2,400,000	2,900,000

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